

From: Kensey Johnson
Sent: Friday, April 28, 2017 3:04 PM
To: Rep91
Subject: Speaker Rosenberger, Let's set up a time for an ALEC CARE Demo for North Carolina

Dear Speaker Rosenberger,

Thank you for your interest in the new ALEC CARE constituent relationship management system - specifically designed to improve your engagement with your district and better inform you and your colleagues about the priorities and attitudes back home in your districts.

We will hold new demonstrations at the top of the hour on Thursday between 3:00 PM and 5:00 PM, Friday between 9:00 AM and 5:00 PM and on Saturday between 10:00 AM and 12:00 PM. Which time works best for you? Please let us know and we will get your account started ahead of time.

Thank you very much,

Kensey E. Johnson
Public Affairs Coordinator
Direct: 571-482-5019
Work: 361-354-0302
Kjohnson@alec.org

2900 Crystal Drive, Suite 600
Arlington, VA 22202



Upcoming Meetings:

2017 Spring Task Force Summit – May 5, 2017 – Charlotte, North Carolina
2017 Annual Meeting – July 19 – 21, 2017 – Denver, Colorado
2017 States & Nation Policy Summit – December 6 – 8, 2017 – Nashville, Tennessee

From: Rep91
Sent: Saturday, April 29, 2017 1:06 PM
To: Kerns, Emily
Subject: FW: Speaker Rosenberger, Let's set up a time for an ALEC CARE Demo for North Carolina

From: Kensey Johnson [mailto:kjohnson@alec.org]
Sent: Friday, April 28, 2017 3:04 PM
To: Rep91
Subject: Speaker Rosenberger, Let's set up a time for an ALEC CARE Demo for North Carolina

Dear Speaker Rosenberger,

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2017 States & Nation Policy Summit – December 6 – 8, 2017 – Nashville, Tennessee

From: Sagraves, Ali
Sent: Monday, May 1, 2017 12:02 PM
To: Sagraves, Ali
Subject: Ohio House Rules & Reference Committee Reports - May 1
Attachments: CongratulatoryReport5-1-17.pdf; IntroReferralReport5-1-17.pdf; ReferralReport5-1-17.pdf; RulesReport5-1-17.pdf

Good afternoon,

Attached please find the reports approved during this morning's House Rules and Reference committee, including the Rules Report which lists the bill scheduled for third consideration on the calendar for tomorrow's session.

Sincerely,

Ali Sagraves

Special Assistant to the Clerk/Committee Clerk

Ohio House of Representatives

1 Capitol Square

Columbus, Ohio 43215

614-466-3300

Ali.Sagraves@ohiohouse.gov



Rules and Reference Committee

Congratulatory Report

May 1, 2017

Representative Sykes reported for the Rules and Reference committee recommending that the following House Resolutions be read by title only and approved:

H. R. No. 109 - Representative Kick

Honoring the Ashland University women's basketball team on winning the 2017 NCAA Division II Championship.
Add the name: Hood

H. R. No. 110 - Representatives Kick, Brenner

Honoring Cirrus Robinson as the 2017 NCAA Division III Indoor Champion in the high jump.

H. R. No. 111 - Representatives Howse, Boyd

Honoring the Alpha Omega Graduate Chapter of Alpha Kappa Alpha Sorority, Incorporated, on its Centennial.
Add the name: Sykes

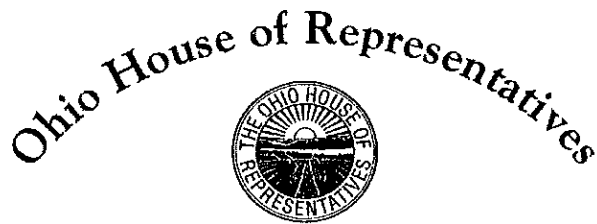
H. R. No. 112 - Representatives Hood, Scherer

Honoring Nate Keaton as a 2017 Division II State Wrestling Champion.

H. R. No. 113 - Representative Landis

Honoring the Hiland High School girls basketball team as the 2017 Division IV State Champion.

Clifford A. Rosenberger, Chair



Rules and Reference Committee
Speaker Clifford A. Rosenberger, Chair

Introduction and Referral Report

May 1, 2017

Representative Sykes reported for the Rules and Reference committee recommending that the following House Concurrent Resolution and House Resolutions be introduced and referred to the following committee for consideration:

H. C. R. No. 9 – Representative Holmes

To urge the President of the United States, the United States Secretary of State, and the Congress of the United States to compel Brazil to extradite Claudia Hoerig to stand trial for the aggravated murder of her husband, Major Karl Hoerig, and to request that the United States terminate foreign aid payments to Brazil if Claudia Hoerig is not extradited.

To the committee on Federalism and Interstate Relations

H. R. No. 74 – Representatives Smith, K., Antonio

To call on legislators at the state and federal level and other communities and jurisdictions to support an amendment to the United States Constitution that would abolish corporate personhood and the doctrine of money as speech.

To the committee on Federalism and Interstate Relations

H. R. No. 85 – Representative Young

To respectfully urge Congress and President Donald Trump to amend the Federal Clean Air Act to eliminate the requirement to implement the E-Check Program and direct the Administrator of USEPA to begin new rule-making procedures under the Administrative Procedures Act to repeal and replace the 2015 National Ambient Air Quality Standards; to respectfully urge Congress and President Donald Trump to pass legislation to achieve improvements in air quality more efficiently while allowing companies to innovate and help the economy grow; to urge the Administrator of USEPA to alleviate burdensome requirements of the E-Check Program and the Clean Air Act if Congress and the President fail to act; and to encourage OEPA to explore alternatives to E-Check in Ohio.

To the committee on Federalism and Interstate Relations

Clifford A. Rosenberger, Chair



Rules and Reference Committee

Speaker Clifford A. Rosenberger, Chair

Referral Report

May 1, 2017

Representative Sykes reported for the Rules and Reference committee recommending that the following House Bills be considered for the second time and referred to the following committees for consideration:

H. B. No. 155 -- Representatives Sprague, Howse

To authorize a tax credit for expenses incurred by an employer to train a commercial vehicle operator.

To the committee on Ways and Means

H. B. No. 156 -- Representative Schuring

Regarding limitations imposed by health insurers on vision care services

To the committee on Insurance

H. B. No. 157 -- Representative Schaffer

To make changes to the law relating to embalming, funeral directing, and cremation.

To the committee on State and Local Government

H. B. No. 158 -- Representatives Perales, Craig

To permit persons who quit work to accompany the person's spouse on a military transfer to be eligible for unemployment compensation benefits.

To the committee on Armed Services, Veterans Affairs, and Homeland Security

H. B. No. 159 -- Representative Riedel

To designate May as "Drive Ohio Byways Month."

To the committee on Transportation and Public Safety

H. B. No. 160 -- Representative Antonio

To enact the Ohio Fairness Act to prohibit discrimination on the basis of sexual orientation or gender identity or expression, to add mediation to the list of informal methods by which the Ohio Civil Rights Commission may use to induce compliance with Ohio's Civil Rights Law before instituting a formal hearing, and to uphold existing religious exemptions under Ohio's Civil Rights Law.

To the committee on Government Accountability and Oversight



H. B. No. 161 – Representative Patton

To make peace officers, firefighters, and emergency medical workers diagnosed with post-traumatic stress disorder arising from employment without an accompanying physical injury eligible for compensation and benefits under Ohio's Workers' Compensation Law for up to one year and to prohibit such a person from receiving a disability benefit from a state retirement system for post-traumatic stress disorder arising from employment without an accompanying physical injury during the time period the person receives compensation and benefits under the Workers' Compensation Law for the disorder.

To the committee on Insurance

H. B. No. 162 – Representatives Smith, K., LaTourette

To authorize a refundable income tax credit for individual investors in a sound recording production company equal to a portion of the company's costs for a recording production or recording infrastructure project in Ohio.

To the committee on Ways and Means

H. B. No. 163 – Representatives Roegner, Riedel

To allow political subdivisions, special districts, and state institutions of higher education to elect to apply the Prevailing Wage Law to public improvement projects.

To the committee on Economic Development, Commerce, and Labor

H. B. No. 164 – Representative Patton

To require commercial roofing contractors to have a license.

To the committee on Economic Development, Commerce, and Labor

H. B. No. 165 – Representatives Gonzales, Conditt

To designate May as "Congenital Cytomegalovirus Awareness Month."

To the committee on Health

H. B. No. 166 – Representatives Reineke, Cupp

To revise the laws governing the state's workforce development system, programs that may be offered by primary and secondary schools, certificates of qualification for employment, and the Opportunities for Ohioans with Disabilities Agency, and to designate the first week of May as In-Demand Jobs Week.

To the committee on Higher Education and Workforce Development

H. B. No. 167 – Representative Edwards

Regarding addiction treatment and opioid prescribing by physicians and dentists.

To the committee on Health



H. B. No. 168 – Representative Stein

To modify duties of the Division of Real Estate in the Department of Commerce regarding cemetery registration, to specify cemetery owners must reasonably maintain cemeteries, to establish the Cemetery Grant Program, and to make an appropriation.

To the committee on State and Local Government

H. B. No. 169 – Representative Merrin

To require, with respect to insurance contracted for or provided by the Department of Administrative Services, an individual who is not covered by a collective bargaining agreement to pay the same percentage of the premium for vision, dental, or life insurance as the individual pays for health insurance.

To the committee on State and Local Government

H. B. No. 170 – Representatives Carfagna, Duffey

With regard to academic content standards and curriculum requirements for computer science; to revise educator qualifications regarding computer science; to create a competitive technology grant program for the 2018-2019 school year; and to make an appropriation.

To the committee on Education and Career Readiness

H. B. No. 171 – Representative Patmon

To limit the hours worked in a work shift and to require work breaks for emergency medical service providers.

To the committee on Economic Development, Commerce, and Labor

H. B. No. 172 – Representative Schuring

To modify the laws governing access to a patient's medical records.

To the committee on Health

H. B. No. 173 – Representatives LaTourette, Patton

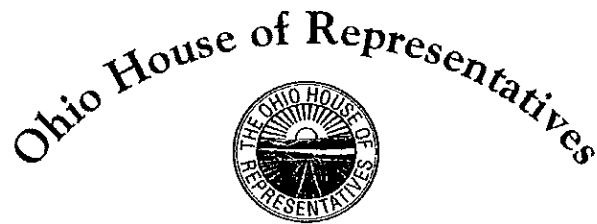
To provide that compensation paid to certain home-based employees may be counted for purposes of an employer qualifying for and complying with the terms of a Job Creation Tax Credit.

To the committee on Ways and Means

H. B. No. 174 – Representatives Hughes, Lanese

To add two judges to the Domestic Relations Division of the Franklin County Court of Common Pleas to be elected in 2018.

To the committee on Civil Justice



H. B. No. 175 – Representative Brinkman

To allow an owner of residential property to keep, harbor, breed, or maintain small livestock on the property, and to prohibit zoning authorities from regulating certain agricultural activities conducted on residential property for noncommercial purposes.

To the committee on Agriculture and Rural Development

H. B. No. 176 – Representative Thompson

With regard to state achievement assessments, statewide academic content standards and model curricula, and teach and administrator evaluations.

To the committee on Education and Career Readiness

H. B. No. 177 – Representatives West, Young

To exempt memberships to gyms or other recreational facilities operated by charitable organizations from sales and use taxation.

To the committee on Ways and Means

H. B. No. 178 – Representative DeVitis

Regarding the zero-emissions nuclear resource program.

To the committee on Public Utilities

H. B. No. 179 – Representative Keller

To require state and local authorities to cooperate with the federal government in the enforcement of immigration laws, to prohibit a local government that fails to do so from receiving certain state funds, to provide for the removal of officers of a local government that fails to do so, and to declare an emergency.

To the committee on Government Accountability and Oversight

H. B. No. 180 -- Representatives Clyde, Howse

To require a contractor or person submitting a bid or other proposal for a state contract or a business entity applying for a grant or other economic incentive from a state agency to obtain an equal pay certificate, to require state agencies and political subdivisions to establish a job evaluation system to identify and eliminate sex-based wage disparities among classes of employees, and to prohibit an employer from retaliating against an employee who discusses the employee's salary or wage rate with another employee.

To the committee on Government Accountability and Oversight

H. B. No. 181 – Representatives Hood, Brinkman

With regard to the state academic content standards and primary and secondary education assessments.

To the committee on Education and Career Readiness



H. B. No. 182 – Representative Seitz

Regarding debt adjusting.

To the committee on Financial Institutions, Housing, and Urban Development

H. B. No. 183 – Representative Perales

To establish the Governing Board of the Ohio Aviation Hall of Fame and Learning Center for purposes of establishing the Hall and inducting persons into it.

To the committee on Armed Services, Veterans Affairs, and Homeland Security

H. B. No. 184 – Representatives Gavarone, DeVitis

To authorize the provision of dental services through teledentistry, to require a proposal for creation of a primary care dental student component of the Choose Ohio First Scholarship Program, and to make other changes to the laws governing the practices of dentistry and dental hygiene.

To the committee on Health

H. B. No. 185 – Representative Hambley

To expand the scope of political contributions that qualify for the income tax credit for contributions to political campaigns to candidates for any state, county, municipal, or district office.

To the committee on Ways and Means

H. B. No. 186 – Representatives Rogers, Scherer

To enact the "Blair Deduction" to allow an individual obtaining a post-secondary degree or credential from an eligible educational institution to claim an income tax deduction for qualified higher education expenses.

To the committee on Ways and Means

H. B. No. 187 – Representative Dever

To regulate the collection, use, and retention of certain information obtained from an applicant during the employee selection process.

To the committee on Community and Family Advancement

H. B. No. 188 – Representative Henne

To authorize the owner or operator of a specialty kit car to display a license plate only on the rear of the car if the owner or operator pays a \$150 fee.

To the committee on Transportation and Public Safety

H. B. No. 189 – Representatives Roegner, Reece

To make changes to the Cosmetology Licensing Law.

To the committee on Government Accountability and Oversight



H. B. No. 190 -- Representatives Lepore-Hagan, Schuring

To require vehicle operators to watch, listen, and stop for on-track equipment that may be approaching a railroad crossing.

To the committee on Transportation and Public Safety

H. B. No. 191 -- Representative Gonzales

Regarding the practice of certified registered nurse anesthetists.

To the committee on Health



Rules and Reference Committee
Speaker Clifford A. Rosenberger, Chair

Rules Report

The House Rules and Reference committee met on Monday, May 1, 2017, at 10:30 a.m.

The following matter, being properly before the committee and pursuant to House Rule 66, was scheduled for third consideration on the House calendar for the date indicated below.

Tuesday, May 2, 2017

H. B. No. 49 Smith, R. – To make operating appropriations for the biennium beginning July 1, 2017, and ending June 30, 2019, and to provide authorization and conditions for the operation of state programs.
**Pending Report*

From: Yaple, Tyler
Sent: Wednesday, May 10, 2017 11:30 AM
To: Dittoe, Michael
CC: Sarko, Alyssa
Subject: Fwd: Legislative Staff Fellowship Info
Attachments: Legislative Staff Fellowship Flyer.pdf; ATT00001.htm; Legislative Staff Fellowship Application With Description.pdf; ATT00002.htm

I think we should promote this and the Speaker has expressed a desire to get staff involved- I would be happy to send out an email today, unless you want someone else to since I'm leaving. Not sure who the ALEC POC will be moving forward...

Sent from my iPhone

Begin forwarded message:

From: "Laurel Buckley" <lbuckley@alec.org>
To: "Yaple, Tyler" <Tyler.Yaple@ohiohouse.gov>
Cc: "Lacey White" <lwhite@alec.org>
Subject: Legislative Staff Fellowship Info

Hi Tyler,

I'm not sure if you saw this, but we are in the final weeks of accepting applications for the ALEC Staff Training. I thought you – or others in Ohio may be interested.

As a fellow you will be invited to attend the ALEC Annual Meeting in Denver, CO, July 19-21. ALEC will cover the cost of hotel stay, meals and registration for the meeting and up to \$500.00 in travel reimbursements. We currently have open enrollment for the fellowship.

The program consists of a series of online educational sessions (beginning mid-May) and a three-day, intensive program of training and networking with legislative staff members from around the country at the ALEC Annual Meeting in Denver. Attendees can expect to hear from ALEC policy directors, experts and scholars on a number of different policy issues and discuss the ideas presented with fellow participants. The purpose of the training is to promote holistic development (philosophical, policy and professional) of attendees and help them to promote the ideals of free markets and limited government.

I'm attaching information about the program and cc'ing Lacey White, who will be running the program. Please let her know if you have any further questions. And feel free to share this opportunity with any other legislative staffers you know that may be interested!

Best,

Laurel Buckley

Director of Development and Midwestern Relations

American Legislative Exchange Council

2900 Crystal Drive, 6th Floor

Arlington, VA 22202

C: (202) 689-9208

Email: lbuckley@alec.org

Upcoming Meetings:

2017 Annual Meeting – July 19-21, 2017 – Denver, Colorado

2017 States and Nation Policy Summit – December 6-8, 2017 – Nashville,
Tennessee

2018 Spring Task Force Summit – April 27, 2018 – Grand Rapids, Michigan



ALEC | Legislative Staff Fellowship

"Educate and inform the whole mass of the people... They are the only sure reliance for the preservation of our liberty."

– Thomas Jefferson

American
Legislative
Exchange
Council

2900 Crystal Drive, Suite 600
Arlington, VA 22202
TEL 703.373.0933 • FAX 703.373.0927
www.alec.org

Legislative Staff Fellowship



alec.org

Mission To advance limited government, free markets and federalism

The Legislative Staff Fellowship provides participants the tools necessary to be successful in their careers, learn about free market principles and build lasting relationships with peers from around the country.

Key Features include:

- Professional Development and Training
- Peer-to-Peer and Vertical Networking
- Policy Discussion, Dissection and Analysis

To learn more about the program, please contact Lacey White, ALEC Policy Coordinator, at lwhite@alec.org or 571-482-5026.

Accepting applications for both ALEC Annual Meeting and ALEC States and Nation Policy Summit. Download the application below.



>> 2017 July 19–21 Denver, Colorado



>> 2017 December 6–8 Nashville, Tennessee



"Attending the ALEC legislative staff training provided me with the skills and tools essential to promoting the conservative fundamentals of limited government, free markets and federalism."

– Jordan Taylor, Texas House of Representatives

ALEC American
Legislative
Exchange
Council
LIMITED GOVERNMENT • FREE MARKETS • FEDERALISM

For more information or to download an application, please visit: www.alec.org/stafffellowship

Download Application

Legislative Staff Training Application

Thank you for applying to the American Legislative Exchange Council's Legislative Staff Training. Please answer the following questions. Once you have completed the survey please attach your resume and a biography and send to Lacey White, Policy Coordinator, at lwhite@alec.org. If you have any questions please email or call Lacey at (571) 482-5026.

Program Description

The American Legislative Exchange Council's Legislative Staff Training consists of a series of on-line educational sessions and a three-day, intensive program of training and networking with peers from around the country. Attendees can expect to hear from ALEC task force directors, experts and scholars on a number of different policy issues and have discussions and debates over the presentations with fellow participants. Overall, this program is designed to promote holistic development (philosophical, policy, and professional) of attendees and help them to promote the ideals of free markets and limited government throughout their careers.

Name: Legislative Sponsor:

Job Title: State:

Role: Caucus Staff: Member Staff: District Staff: Committee:

If "Other," please describe:

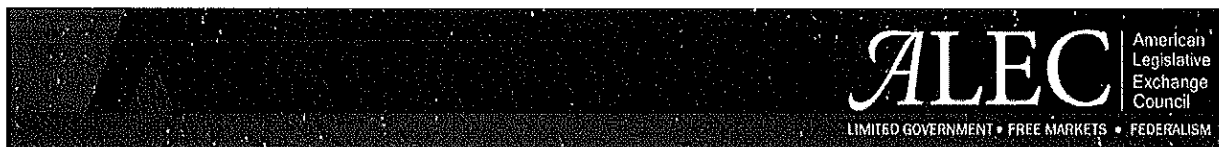
Legislature Type: Part-Time: Seasonal: Full-Time:

What is your highest level of education completed?:

Associates: Bachelors: Masters: Doctorate:

Degree:

How long have you worked in a legislature? (Years and Months):



Please list at least one referral from an ALEC member to be contacted regarding your application.

Referral 1

Name:

Organization: State:

Phone Number: Email Address:

Referral 2

Name:

Organization: State:

Phone Number: Email Address:

Referral 3

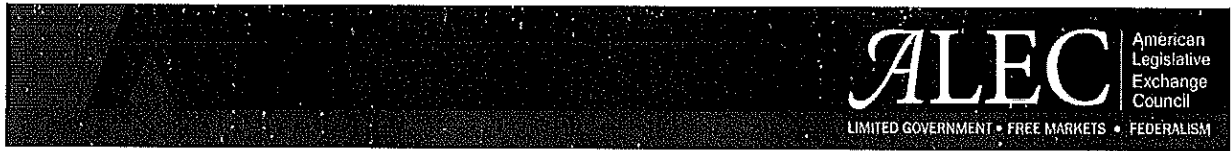
Name:

Organization: State:

Phone Number: Email Address:

We currently have open enrollment for both our Annual Meeting in Denver, CO from July 19-21, 2017 and our States and Nation Policy Summit in Nashville, TN from December 6-8, 2017. Please mark below which meeting you would like to attend.

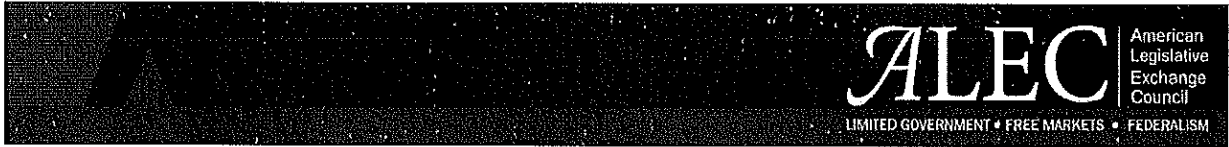
- ☐ Annual Meeting
Denver, CO
- ☐ States & Nation Policy
Summit
Nashville, TN
- ☒ No Preference



1) What is a work skill or non-policy topic that you are interested in learning and why?

2) What policy topics are you most interested in learning about and why?

A large, empty rectangular box with a thin black border, intended for the user to provide their answer to question 2.



3) Describe your thoughts on the role of the legislative staffer in advancing Limited Government, Free Markets and Federalism.

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to question 3.

4) What is a pressing public policy issue in your state and what do you think is a policy solution to remedy the problem?

A large, empty rectangular box with a thin black border, intended for the respondent to provide their answer to question 4.

From: Parsons, Jason
Sent: Thursday, May 11, 2017 11:50 AM
To: House_All
Subject: Open Enrollment 2017!
Attachments: 2017-2018 Pathways Open Enrollment.pdf; Open Enrollment 2017.ppsx

Importance: High

Open Enrollment 2017 will take place May 15 through May 26, 2017. All changes made during open enrollment will take effect July 1, 2017 and remain effective through June 30, 2018.

Please read the information listed below, along with the attached power point, as they outline changes for the upcoming benefit year!

Medical & Pharmacy

- Medical deductibles will be \$250 for single and \$500 for family in-network, and \$500 for single and \$1,000 for family out-of-network.
- The copay for an emergency room visit will be \$100, which is waived if patient is admitted as inpatient.
- The copays for urgent care will be \$30 for in-network and \$35 for out-of-network.
- The copay for specialist visits will be \$25 for in-network.
- The out-of-pocket maximums for pharmacy benefits will be \$2,500 for single and \$5,000 for family.

Take Charge! Live Well!

- Employees and spouses enrolled in the State of Ohio medical plan can earn up to \$350 each again this year by taking the required actions to improve your health. However, some new criteria have been implemented to receive your reward.

Healthways

- Beginning July 1, 2017, due to new federal regulations, Healthways, the wellness program's third-party administrator, will require either written or online approval to access the program via Well-Being Connect®, Healthways' online portal for State of Ohio employees and spouses. Personal information on the Healthways portal is protected and confidential. Healthways does not share information or use information against the terms and conditions of the contract with the State of Ohio.

Below is the link to the DAS website for open enrollment:

<http://www.das.ohio.gov/OpenEnrollment>

IF YOU DO NOT HAVE A CHANGE IN STATUS OR DEPENDENTS, YOU DO NOT NEED TO DO ANYTHING DURING OPEN ENROLLMENT.

If you prefer to review a hard copy of the Pathways to Open Enrollment, there are copies available in the 12th floor administrative office. Feel free to contact me regarding any questions or concerns with the 2017 Open Enrollment.

Jason Parsons
Payroll & Benefits Officer
Ohio House of Representatives
(614) 466-2114

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES AND THE JOINT HEALTH CARE COMMITTEE

MyBenefits

FOR STATE OF OHIO EMPLOYEES

MEDICAL
PRESCRIPTION DRUG
BEHAVIORAL HEALTH
WELLNESS
DENTAL & VISION
LIFE INSURANCE
PREPAID

2017 OPEN
ENROLLMENT
MAY 15-26

OhioDAS
SERVICE • SUPPORT • SOLUTIONS
OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES

THE JOINT HEALTH CARE COMMITTEE

The labor-management partnership overseeing the State of Ohio employee health care fund

CO-CHAIRS:

KELLY PHILLIPS

Co-Chair, Labor;

Ohio Civil Service Employees Association (OCSEA)

KATE NICHOLSON

Co-Chair, Management;

Ohio Department of Administrative Services

MANAGEMENT REPRESENTATIVES:

TONY BONOFGLIO

Ohio Department of Administrative Services

ROBIN GEE

Ohio Department of Rehabilitation and Correction

CULLEN JACKSON

Ohio Department of Administrative Services

MEGAN KISH

Ohio Bureau of Workers' Compensation

KATHLEEN MADDEN

Ohio Attorney General's Office

JOAN OLIVIERI

Ohio Office of Budget and Management

JAN ROEDERER

Opportunities for Ohioans with Disabilities

AMY SHERRETS

Ohio Department of Developmental Disabilities

MICHELE WARD-TACKETT

Ohio Department of Natural Resources

LABOR REPRESENTATIVES:

- OCSEA REPRESENTATIVES -

MATT TYAEK

State Board of Directors;

Ohio Industrial Commission

JAMES LAROCCA

State Board of Directors;

Ohio Lottery Commission

LAURA MORRIS

State Board of Directors;

Ohio Department of Health

BRUCETHOMPSON

State Board of Directors;

Ohio Department of Youth Services

- CWA REPRESENTATIVE -

TIM QUINN

Ohio Secretary of State's Office

- FRATERNAL ORDER OF POLICE -

REPRESENTATIVE

STEVE STOCKARD

Ohio Department of Public Safety

- OHIO STATE TROOPERS ASSOCIATION -

REPRESENTATIVE

ELAINE SILVEIRA

Ohio State Troopers Association

- SCOPE/OEA REPRESENTATIVE -

DOMINIC MARSANO

Ohio Department of Rehabilitation

and Correction

- SEIU 1199 REPRESENTATIVE -

BARBARA MONTGOMERY

Ohio Department of Medicaid

2017 Benefits Overview

Welcome to the 2017 Open Enrollment edition of MyBenefits magazine. The purpose of this edition is to inform you and your family about the State of Ohio's employee health care benefits available this coming benefit year, which begins July 1, 2017.

Eligible employees can elect to enroll or disenroll themselves and/or their dependents in medical, dental, vision and supplemental life insurance coverage during the Open Enrollment period, which is being held Monday, May 15 through Friday, May 26.

If you already are enrolled in benefits, please review your Benefits Summary by logging into *myOhio.gov* and clicking the myBenefits button to access the benefits information for you as well as your dependents, if applicable. Ensure your dependents still meet the eligibility requirements by visiting *das.ohio.gov/EligibilityRequirements*. If you do not have any changes to your coverage, no additional action is required.

If you wish to waive your current health coverage, you will need to do so during Open Enrollment.

Important Changes for the Upcoming Benefit Year

- Medical deductibles will be \$250 for single and \$500 for family in-network, and \$500 for single and \$1,000 for family out-of-network.
- The copay for an emergency room visit will be \$100, which is waived if patient is admitted as inpatient.
- The copays for urgent care will be \$30 for in-network and \$35 for out-of-network.
- The copay for specialist visits will be \$25 for in-network.
- The out-of-pocket maximums for pharmacy benefits will be \$2,500 for single and \$5,000 for family.
- Take Charge! Live Well!** – Employees and spouses enrolled in the State of Ohio medical plan can earn up to \$350 each again this year by taking the required actions to improve your health. However, some new criteria have been implemented to receive your reward. Please see the Wellness Rewards chart on Page 13.
- Healthways** – Beginning July 1, 2017, due to new federal regulations, Healthways, the wellness program's third-party administrator, will require either written or online approval to access the program via Well-Being Connect®, Healthways' online portal for State of Ohio employees and spouses. Personal information on the Healthways portal is protected and confidential. Healthways does not share information or use information against the terms and conditions of the contract with the State of Ohio.

The Well-Being Connect portal for employees and spouses has been redesigned for a fresh, new look and a better user experience. Healthways will be performing updates from July 1 through July 17. During this time, Well-Being Connect will not be accessible.

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES STAFF

- EDITORIAL STAFF -

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ERIC HAGELY

TOM HOYT

MOLLY O'REILLY

SUSAN BYTHEWOOD RUSSELL

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BETH KIM

GREG PAWLACK

MELISSA WALPOLE

- GRAPHIC DESIGN -

TRACE HULL

MyBenefits

CONTENTS

2.....	Overview
4.....	Eligibility
6.....	Enrollment Instructions
7.....	Medical
10.....	Preventive Care
11.....	Prescription Drugs
12.....	Behavioral Health
13.....	Wellness Program
14.....	Dental and Vision
16.....	Life Insurance
17.....	Contacts
18.....	Legal Notices
26.....	Glossary

SAVE THE DATES

2017

May

- Open Enrollment begins May 15
- Open Enrollment ends May 26

June

- Benefit year ends June 30

July

- New benefit year begins July 1

October

- Flexible Spending Accounts Open Enrollment for 2018 begins Oct. 16
- Flexible Spending Accounts Open Enrollment ends Oct. 27

December

- Use your remaining Flexible Spending Accounts money by Dec. 31

2018

January

- New Flexible Spending Accounts plan year begins Jan. 1

February

- National Wear Red Day is Feb. 3

March

- 2017 Flexible Spending Accounts claims deadline is March 31



Benefits Eligibility

All eligible employees who currently are not enrolled or who need to make changes to medical, dental, vision or supplemental life insurance for themselves or their dependents can only do so during Open Enrollment, held from Monday, May 15 through Friday, May 26.

All choices made during Open Enrollment will become effective July 1, which begins the new benefit year. You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Annual Open Enrollment unless you experience a change in status/qualifying event, such as marriage, divorce, or the birth or adoption of a child.

For more information about qualifying events:

1. Go to das.ohio.gov/benefits;
2. Click on the link for the **Change in Status/Qualifying Events Matrix** along the right navigation pane.

ELIGIBILITY FOR BENEFITS: EMPLOYEES

- **Medical** – All permanent state employees are eligible to enroll in medical coverage (which includes prescription drug, behavioral health and wellness benefits) during Open Enrollment. Changes made during Open Enrollment are effective July 1. For more information about the eligibility of non-permanent employees pursuant to the Patient Protection and Affordable Care Act, please see das.ohio.gov/EligibilityRequirements.
- **Dental and Vision** – Permanent exempt and union-represented employees are eligible to enroll in dental and vision coverage effective the first day of the month after completing one full year of continuous state service or thereafter during Open Enrollment.
- **Basic Life** – Permanent exempt and union-represented employees are eligible for basic life coverage after completing one full year of continuous state service. Enrollment is automatic. The exempt employees' basic life insurance benefit is provided through Minnesota Life, a Securian company.
- **Supplemental Life** – Permanent exempt and union-represented employees are eligible for supplemental life coverage on their date of hire and have 90 days to enroll.* Permanent exempt and union-represented employees also may enroll or make changes during Open Enrollment. The exempt employees' supplemental life insurance benefit is provided through Minnesota Life.

*Certain new enrollments or increases are subject to evidence of insurability and may delay the effective date of coverage.

ELIGIBILITY FOR BENEFITS: DEPENDENTS

- **Medical** – Dependents are eligible for medical coverage up to the age of 26. Coverage may be continued if the dependent qualifies as a disabled dependent or elects coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).
- **Dental and Vision** – Dependents are eligible for dental and vision coverage up to age 18 without student status verification. Dependents between the ages of 19 and 23 are eligible for continued coverage as long as they maintain their student status. Student coverage is not automatic; employees are required to submit proof of eligibility within 31 days of the qualifying event. To initiate or continue coverage for your dependent, the employee is required to complete and return an "Affidavit of Student Status" form, accessed at das.ohio.gov/forms in the "Eligibility" section. In addition, a "Current Enrollment Verification Certificate" from the National Student Clearinghouse, studentclearinghouse.org, or a letter or official transcript from the school registrar must be submitted with the Affidavit of Student Status. If the proof of eligibility is provided timely, the dependent may continue on the coverage until he/she turns 23, when the dependent no longer meets the eligibility requirements, or the dependent is turning 23 and qualifies as a disabled dependent.

To view the detailed eligibility and enrollment requirements for dependents for medical, dental and vision, visit:
das.ohio.gov/EligibilityRequirements.

Note: To ensure that dependent documentation is processed prior to July 1, it is recommended that employees submit all required eligibility documentation for dependents to your agency human resources office by June 1. The final deadline to submit all required documentation is July 31.

- **Basic Life** – Dependents are not eligible to enroll in exempt basic life coverage; however, they are permitted to be designated as an employee's beneficiary.
- **Supplemental Life** – Dependents are eligible for exempt supplemental life coverage. Supplemental life insurance provides up to \$40,000 coverage for your spouse; \$10,000 in coverage is available without evidence of insurability during Open Enrollment. If you apply for more than \$10,000 in coverage for your spouse, Minnesota Life will mail a medical questionnaire to you that must be completed and returned. Supplemental life insurance in the amount of \$7,000 for each child from birth until age 26 is available for a single monthly premium of .82 cents, regardless of how many children you cover.

To elect supplemental life insurance for your dependents, you must be enrolled in supplemental life insurance for yourself.

To view the detailed eligibility and enrollment requirements for dependents for exempt basic and supplemental life insurance, visit: das.ohio.gov/lifeinsurance.



Eligibility for Benefits

DEPENDENT CATEGORY	MEDICAL	DENTAL	VISION	SUPPLEMENTAL LIFE
Children younger than age 23	Coverage available for eligible dependents ¹	Coverage available for eligible dependents ²	Coverage available for eligible dependents ²	Coverage available for eligible dependents
Children ages 23 - 25	Coverage available for eligible dependents ¹	No coverage available	No coverage available	Coverage available for eligible dependents

¹View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

²Student Verification is needed for dependents age 19 to age 23. View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.

Note: When one of your enrolled dependents is, or becomes, ineligible for benefits coverage based on the state's definition of eligibility, it is your responsibility to contact your agency benefits specialist (or human resources office) immediately to remove them from your coverage. Your dependent may be eligible to continue their medical, dental and/or vision benefits through COBRA (continuation coverage) if you notify your agency benefits specialist (or human resources office) within 60 days after the qualifying event.

Enrollment or continuation of enrollment of an ineligible dependent may result in loss of benefits, disciplinary action and/or repayment of claims. If you fail to remove a dependent from coverage within 31 days of a qualifying event, you may be responsible for health care expenses incurred by the ineligible dependent.

Benefits Enrollment Instructions

To enroll, disenroll or make changes, please follow the steps below:

1. Review information about available benefits by carefully reading this Open Enrollment edition of *MyBenefits*. If you have questions, contact your agency benefits representative in your human resources office or the Ohio Department of Administrative Services' HR Customer Service desk at 800-409-1205, select option 2.
2. Enroll in medical, dental and vision coverage or make changes to your or your dependents' current coverage by going online to *myOhio.gov* or by obtaining a paper form.

A. Online

- Go to *myOhio.gov*. Enter your State of Ohio User ID and password. If you have forgotten your State of Ohio User ID or password, contact the OAKS Helpdesk by calling toll-free, 1-888-OHIO-OAK (1-888-644-6625), or in Columbus, 614-644-6625. Make sure to select option 1 when prompted;
- Click on **myBenefits** under Self Service Quick Access on the right side of the page;
- Your Benefits Summary page will open; review your current benefit information;
- Click on **Enroll in Benefits and make the necessary changes or updates**.
- Submit your enrollment or changes. **All transactions must be completed, submitted and confirmed prior to 7 p.m. Friday, May 26. The system will not accept any entries after 7 p.m. Friday, May 26.** Make sure your online changes are correctly submitted by clicking the **SUBMIT** button on the last two pages of the process. At the end, you will receive a confirmation message that can be printed for your records.
- For detailed instructions on how to enroll or disenroll online, go to: *das.ohio.gov/EnrollmentInstructions*.
- Online Open Enrollment is available Monday, May 15 through Friday, May 26, 2017, as follows:
Weekdays – All day except 7 to 9 p.m.
Saturdays – All day except 4 to 6 p.m.
Sundays – All day except 4 p.m. to midnight

B. Paper

- For medical coverage for all eligible employees and dental and vision coverage for exempt employees, obtain a paper State of Ohio Benefit Enrollment/Change Form (ADM 4717) on the Benefits Administration website at: *das.ohio.gov/HealthCareForms* or from your agency's human resources office.
- For all bargaining unit members, forms to change dental and vision coverage are available at *benefitstrust.org*. Click the **Forms & Info** link.
- Submit your enrollment or changes by giving your completed and signed State of Ohio Benefit Enrollment/Change Form (ADM4717) and/or the Union Benefits Trust Dental & Vision Enrollment Form to your agency's human resources office by **4 p.m. Friday, May 26**.

Following Open Enrollment, **all eligible employees will receive a confirmation letter in the mail**. This letter should arrive in **early June**. Please review this letter carefully to ensure your enrollment elections have been processed correctly.



IMPORTANT

If you are enrolling for the first time and/or adding new dependents during this Open Enrollment, you must provide the required eligibility documentation for your dependents. A listing of the required documentation can be found at: *das.ohio.gov/EligibilityRequirements*.

Coverage will not be provided for dependents until the eligibility documents are received and approved. The final deadline to submit all required documentation is July 31.

You will not have another opportunity to enroll yourself or eligible dependents for benefits or make changes to your elections until the next Open Enrollment period, unless you experience a change in status/qualifying event.

Medical Benefits



The State of Ohio contracts with Aetna, Anthem and Medical Mutual of Ohio to serve as the third-party administrators for the Ohio Med Preferred Provider Organization (PPO). The plan design is the same for all three third-party administrators. Under this plan, employees have access to both network and non-network providers.

Aetna, Anthem and Medical Mutual each serve specific regions in Ohio based on home ZIP codes. You are assigned your third-party administrator based on the first three digits of your home ZIP code. Review the chart on the right that features the ZIP code breakdown by plan administrator. Employees whose home address is outside Ohio are automatically enrolled in Anthem.

For deduction information, see the charts on Page 9.

When you are enrolled in medical coverage, you automatically gain prescription drug, behavioral health and wellness benefits. Medical copayments, deductibles and co-insurance are combined with your behavioral health plan. If you receive medical services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before the plan starts paying. (This does not apply to routine office visits for which you only pay an office visit copayment.)

TO OBTAIN INFORMATION FROM YOUR THIRD-PARTY ADMINISTRATOR:

If you would like to receive information about the plan, providers and ancillary programs from your assigned third-party administrator – Aetna, Anthem or Medical Mutual – refer to the Health and Other Benefits Contacts information on Page 17. You can visit your third-party administrator's website to download and print the information or call their customer service unit to request that it be mailed to you.



Medical Third-Party Administrator ZIP Code Chart

Aetna Plan/Network: Aetna Choice POS II (Open Access)	3-Digit ZIP Code			
	Columbus, Toledo			
	430	431	432	433
	434	435	436	448
449				
Anthem Plan/Network: Blue Access (PPO)	3-Digit ZIP Code			
	Cincinnati, Dayton Southern Ohio, Springfield Youngstown, Out of State			
	437	438	439	444
	445	450	451	452
	453	454	455	456
	457	458		
Medical Mutual of Ohio Plan/Network: OhioMed	3-Digit ZIP Code			
	Akron, Cleveland			
	440	441	442	443
446	447			

SAVE MONEY: USE BENEFITS WISELY

All of the State of Ohio's health plans are self-funded. This means that the cost of your benefits is funded by contributions from you and your agency. All claims are paid for from contributions – your third-party administrator does not pay for your claims. Rather, Aetna, Anthem and Medical Mutual review claims and process payments, and are paid an administrative fee. When the amount of paid claims is greater than the amount of contributions from employees and agencies, medical costs go up.

It is up to each of us to use our benefits wisely. We can all do our part by making wellness a priority in our lives, evaluating our options when we need care and avoiding unnecessary visits.

Take advantage of consumer tools provided by our medical third-party administrators that will enable you to shop and find lower costs for the services they provide (MRIs, labs, surgeries, etc.).



Ohio Med PPO

OUT-OF-POCKET COSTS

Annual Deductible	\$250 single, \$500 family in-network; \$500 single, \$1,000 family (combined with behavioral health) out-of-network.
Your Copayments (Office Visits)	Primary care physician: \$20 in-network, \$30 out-of-network; Specialist: \$25 in-network; \$30 out-of-network.
Coinsurance	You pay 20%, plan pays 80% in-network; you pay 40%, plan pays 60% ¹ out-of-network.
Your Out-of-Pocket Maximum ²	\$1,500 single, \$3,000 family in-network; \$3,000 single, \$6,000 family ³ (combined with behavioral health) out-of-network.

BENEFIT/SERVICE

COVERAGE LEVELS

Chiropractic Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Unlimited visits (review required).
Diagnostic, X-Ray and Lab Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Durable Medical Equipment	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Emergency Room	<ul style="list-style-type: none"> Covered at 80%; \$100 copay, which is waived if patient is admitted as inpatient; 60% out-of-network for non-emergency.
Hearing Loss⁵ (Accidental, Injury or Illness)	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Hearing aids, exams and follow-ups are included in coverage.
Home Health Care	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network; limit of 180 days.
Hospice Services	<ul style="list-style-type: none"> Covered at 100% with no copay, time or dollar limitations for both in- and out-of-network.
Immunizations	<ul style="list-style-type: none"> Most are covered at 100% in-network; 60% out-of-network.⁴
Infertility Testing	<ul style="list-style-type: none"> Covered at 80% after applicable copay, for in-network; 60% after \$30 copay out-of-network. Coverage includes testing only.
Inpatient and Outpatient Services	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Maternity - Delivery	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network.
Maternity - Prenatal/ Postpartum Care	<ul style="list-style-type: none"> Prenatal Care: Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80% in-network; 60% out-of-network. Postpartum Care: breast-feeding support and counseling (including lactation classes), and supplies (including breast pump rental) covered at 100%.
Physical, Occupational and Speech Therapy	<ul style="list-style-type: none"> Covered at 80% in-network; 60% out-of-network. Unlimited visits (review required). Includes coverage for Autism Spectrum Disorder.
Preventive Exams and Screenings	<ul style="list-style-type: none"> Most preventive care covered at 100% in-network; 60% out-of-network. Age restrictions may apply.
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered at 80%; 180-day limit, additional days covered at 60% for both in- and out-of-network.
Urgent Care	<ul style="list-style-type: none"> \$30 copay in-network; \$35 copay out-of-network. Covered at 80% in-network; 60% out-of-network.

¹ Plan pays 60% of Ohio Med PPO's contracted allowable amount and you pay any remaining balance.

² For prescription drug out-of-pocket cost information, see chart on Page 11.

³ If your out-of-network charge is greater than the Ohio Med PPO contracted allowable amount, your out-of-pocket costs will be more.

⁴ For a list of immunizations paid at 100 percent, see Page 10.

⁵ Hearing aids for natural hearing loss are covered at 50%, up to \$1,000 lifetime maximum.



FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS

	FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS ¹			FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS ¹		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$46.19	\$260.64	\$306.83	\$100.07	\$564.75	\$664.82
Family Minus Spouse	\$126.44	\$715.40	\$841.84	\$273.94	\$1,550.02	\$1,823.96
Family Plus Spouse ²	\$132.21	\$715.40	\$847.61	\$286.44	\$1,550.02	\$1,836.46

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

PART-TIME EMPLOYEE MEDICAL DEDUCTIONS

	PART-TIME BIWEEKLY DEDUCTIONS ¹ 50% TIER			PART-TIME BIWEEKLY DEDUCTIONS ¹ 0% TIER		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$153.41	\$153.42	\$306.83	\$306.83	\$0.00	\$306.83
Family Minus Spouse	\$420.92	\$420.92	\$841.84	\$841.84	\$0.00	\$841.84
Family Plus Spouse ²	\$426.69	\$420.92	\$847.61	\$847.61	\$0.00	\$847.61

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

Preventive Care

STAY HEALTHY, SAVE MONEY

Preventing and detecting disease early is important to living a healthy life. The better your health, the lower your health care costs are likely to be. One of the most important actions you can take for your health and your family's health is to schedule regular check-ups and screenings with your primary care physician.

Your State of Ohio medical plan offers the following services with no deductible, no copayment and no coinsurance for network providers. Other services are available for the normal copayment, coinsurance and deductible amounts.

FREE EXAMS AND SCREENINGS	
Clinical breast exam	1/plan year
Colonoscopy	Every 10 years starting at age 50
Flexible sigmoidoscopy	Every 10 years starting at age 50
Glucose	1/plan year
Gynecological Exam	1/plan year
Hemoglobin, hematocrit or CBC	1/plan year
Lipid profile or total and HDL cholesterol	1/plan year
Mammogram	1 routine and 1 medically necessary/plan year
Pre-natal office visits	As needed; based on physician's ability to code claims separately from other maternity-related services
Stool for occult blood	1/plan year
Urinalysis	1/plan year
Well-baby, well-child exam	Various for birth to 2 years; then annual to age 21
Well-person exam (annual physical)	1/plan year

FREE IMMUNIZATIONS	
Diphtheria, tetanus, pertussis (DTap)	2/4/6/15-18 months; 4-6 years
Haemophilus influenza b (Hib)	2/4/6/12-15 months
Hepatitis A (HepA)	2 doses between 1-2 years
Hepatitis B (HepB)	Birth; 1-2 months; 6-18 months
Human Papillomavirus (HPV)	3 doses for 9-26 years
Influenza	1/plan year
Measles, mumps, rubella (MMR)	12-15 months, then at 4-6 years; adults who lack immunity
Meningococcal (MCV4)	1 dose between 11-12 years or start of high school or college
Pneumococcal	2/4/6 months; 12-15 months; annually at age 65 and older; high risk groups
Poliovirus (IPEV)	2 and 4 months; 6-18 months; 4-6 years
Rotavirus (Rota)	2/4/6 months
Tetanus, diphtheria, pertussis (Td/Tdap)	11-12 years; Td booster every 10 years, 18 and older
Varicella (Chickenpox)	12-15 months; 4-6 years; 2 doses for susceptible adults
Zoster (shingles)	1 dose for age 19 and older

This is not an all-inclusive list. Please refer to das.ohio.gov/medical for more information about preventive care services.

Prescription Drug



OptumRx provides prescription drug benefits for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO Plan.

Not all drugs are covered

Some drugs require the use of alternative medications before being approved. This is known as "step therapy." Examples include medications used for heartburn, glaucoma, multiple sclerosis, diabetes, asthma, elevated triglycerides, migraines, osteoporosis, nasal allergies, sleep disturbances and high blood pressure as well as atypical antipsychotics and antiviral medications such as Valtrex®. Additional medications requiring step therapy may be added at any time. If this occurs, members currently using the affected drugs will be notified in advance by mail.

A program description and a list of medications are on the Benefits Administration website, das.ohio.gov/prescriptiondrug, under "Prescription Drug Updates."

Diabetes Management Program

Members are eligible for free medication and diabetic supplies if they have had a hemoglobin A1C test within the past 12 months of being a member of the Ohio Med PPO.

Website offers online tracking, tools

The website for OptumRx, OptumRx.com, is a private, secure website. All of your pharmacy plan information is available at your fingertips 24/7.

Easy access to the OptumRx website allows you to:

- Compare mail-order prices and prices at local pharmacies;
- Find your lowest copay;
- Locate your pharmacy and get driving directions;
- Manage your mail-order prescriptions, including options to request a refill or track an order; and
- Learn more about your prescription drugs.

Visit OptumRx.com today. You will need your pharmacy member ID number located on your OptumRx card to log in. The number begins with the letter "A." For questions, contact OptumRx at 866-854-8850.

Specialty drug management program

Some specialized medications for serious medical conditions such as cancer, cystic fibrosis and rheumatoid arthritis must be obtained from the specialty pharmacy, Briova, and can only be filled for 30 days or less. Your order may be shipped to your home or workplace. A description of the program and a list of specialty medications are available on the Benefits Administration website at das.ohio.gov/prescriptiondrug under the "Specialty Drug List."

COPAYMENT COSTS				
TYPE OF MEDICATION	30-DAY SUPPLY AT RETAIL COPAYMENT	30-DAY SUPPLY SPECIALTY COPAYMENT	90-DAY SUPPLY AT RETAIL COPAYMENT	90-DAY SUPPLY AT MAIL-ORDER COPAYMENT
Generic	\$10	\$10	\$30	\$25
Preferred Brand-Name	\$25	\$25	\$75	\$62.50
Non-Preferred Brand-Name, Generic Unavailable	\$50	\$50	\$150	\$125
Non-Preferred Brand-Name, Generic Available	\$50 plus the difference between the cost of the brand-name and generic drug	\$50 plus the difference between the cost of the brand-name and generic drug	\$150 plus the difference between the cost of the brand-name and generic drug	\$125 plus the difference between the cost of the brand-name and generic drug
Out-of-Pocket Maximum*	\$2,500 single/\$5,000 family			

The amount charged to the individual for generic, preferred brand and non-preferred brand medications will not be greater than the actual cost of the medication. Therefore, the amount charged may be less than the flat-dollar copay.

The maximum copay for oral oncology medications will be \$100 for a 30-day supply. For more details, visit das.ohio.gov/prescriptiondrug.

* Pharmacy copays do not apply toward medical/behavioral health plan deductibles and the annual out-of-pocket maximum.

MyBenefits2017

Behavioral Health

HELP AVAILABLE 24/7

Optum Behavioral Solutions provides specialized behavioral health and substance use services for State of Ohio employees and their dependents who are enrolled in the Ohio Med PPO. This program provides 24-hours-a-day, seven-days-a-week confidential phone assessment and referral services for a variety of behavioral health issues, such as:

- Anger management;
- Anxiety;
- Compulsive disorders;
- Depression;
- Marital and family issues;
- Serious mental illness;
- Stress; and
- Substance use disorders.

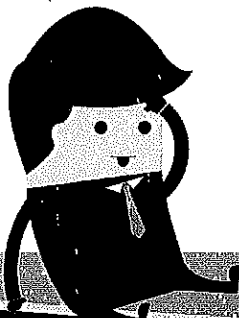
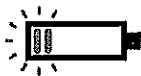
Copayments, deductibles and co-insurance are combined with your medical plan. If you receive behavioral health services prior to meeting your deductible, you may need to pay for these services up to the deductible amount before your plan starts paying. This does not apply to routine office visits for which you only pay an office visit copayment.

Benefits

Enrolled employees and their dependents have access to both in-network and out-of-network behavioral health benefits. However, you will pay more if you do not use a participating network provider and facility. This is known as balance billing. See the chart on this page for further details.

Support Services

The State of Ohio offers support services through the Ohio Employee Assistance Program (OEAP) for various behavioral health issues, which include behavioral health referrals and consultations for employees and their dependents. Other services include training, critical incident stress management, organizational transition interventions, mediation and a new Family Support Program for dependents up to age 26 who have a substance use problem. For details, visit das.ohio.gov/behavioralhealth.



BEHAVIORAL HEALTH BENEFIT PLAN	
Copayments	• Outpatient office visit in-network: \$20
	• Outpatient office visit: out-of-network \$30 (balance billing applies)
	• Intensive outpatient care in-network: \$20
	• Intensive outpatient care out-of-network: \$30 (balance billing applies)
Deductibles	• Single in-network: \$250 combined with medical
	• Family in-network: \$500 combined with medical
	• Single out-of-network: \$500 combined with medical
	• Family out-of-network \$1,000 combined with medical
Plan Coinsurance %	• Outpatient in-network: 100% after office visit copay, 80% for other services
	• Outpatient out-of-network: 60% of fee schedule after copayment (balance billing applies)
	• Inpatient in-network: 80% after deductible
	• Inpatient out-of-network: 60% after deductible, \$350 penalty if not preauthorized
Out-Of-Pocket Maximum	• Single in-network: \$1,500 combined with medical
	• Family in-network: \$3,000 combined with medical
	• Single out-of-network: \$3,000 combined with medical
	• Family out-of-network: \$6,000 combined with medical
Other	• Day limits: None
	• Annual limits: None
	• Lifetime limits: None
	• Benefits limits: Some For details, visit das.ohio.gov/behavioralhealth , click the Summary Plan Descriptions tab and click the current summary plan.

Make Wellness Your Priority

LET TAKE CHARGE! LIVE WELL! BE YOUR GUIDE



Your health and wellness is important to us. The State of Ohio offers a robust and comprehensive health and wellness program called *Take Charge! Live Well!*

Take Charge! Live Well! provides the tools, guidance and resources you need to be healthier, happier and more productive, while reducing health care costs.

At an enterprise level, *Take Charge! Live Well!* is designed to:

- Offer preventive care tools and resources to its enrolled members and spouses;
- Increase productivity;
- Encourage engagement among employees and spouses;
- Improve retention; and
- Contain or reduce health care costs by improving health.

On a personal level, the benefits of *Take Charge! Live Well!* include:

- Biometric screenings;
- Well-Being 5 Survey;
- Health coaching;
- Rewards for taking steps to improve your health;
- 24-hour Nurse Advice Line;
- Flu vaccinations;
- Health and wellness fairs;
- Weight-loss, fitness and additional wellness challenges;
- A website full of resources, ohio.gov/tclw;
- On-site wellness ambassadors to provide information and answer questions; and
- Financial Well-Being program by financial expert Dave Ramsey.

Specific programs include:

- Tobacco cessation; and
- Support for chronic disease management.

Take Charge! Live Well! supports you in your effort to be your healthiest by helping you identify risks and improve your health.

Employees active in *Take Charge! Live Well!* appreciate the educational and motivational approach to health and wellness.

For full details, visit the *Take Charge! Live Well!* website at: ohio.gov/tclw.

WELLNESS REWARDS

Enrolled employees and spouses may earn up to \$350 each by taking steps to improve their health.

Level 1: Assess Your Health | Point Value

Earn up to \$150 per person in Level 1

- | | |
|---|------------|
| Biometric screening:
• Complete an on-site screening; or
• Submit the Physician Form, which is to be completed by your physician. | 100 Points |
|---|------------|

- | | |
|------------------------------------|-----------|
| Complete your Well-Being 5 survey. | 50 Points |
|------------------------------------|-----------|

Level 2: Take Action | Point Value

Earn up to \$200 in Level 2
Points can be earned by completing up to four total actions within the same activity or by combining actions with multiple activities.

- | | |
|-----------------------|--|
| Coaching Calls | Earn 50 points for each completed coaching call, up to four calls. |
| Well-Being Challenges | Earn 50 points for each completed challenge, up to four challenges. |
| Financial Well-Being | Earn 50 points for each completed Financial Well-Being lesson, up to four lessons. |

Reward cards are taxable compensation. Taxes are based on the amount of your reward and will be deducted from your paycheck.

For details about rewards and the *Take Charge! Live Well!* program, go to the *Take Charge! Live Well!* program website, ohio.gov/tclw, and click on the Program Guide button.

Healthways Website Updates Scheduled

Healthways will be performing annual system updates from July 1 through 17. During this time, Well-Being Connect will not be accessible.

Dental and Vision

FOR EXEMPT EMPLOYEES

The State of Ohio pays the full cost for you and your eligible dependents (children younger than age 23¹) to participate in the dental and vision plans. Exempt employees are eligible to participate in these plans effective the first day of the month after completing one year of continuous state service. Employees are sent a letter indicating when they will be eligible for dental coverage.

Delta Dental PPO

Dental coverage is offered through the Delta Dental PPO plan, offered through Delta Dental of Ohio. You can go to any licensed dentist of your choice and receive benefits, but you typically will pay less when you go to an in-network dentist.

Your out-of-pocket expenses will vary depending on the participation status of your dentist. Your out-of-pocket costs are likely to be lower if you go to a dentist who participates in one of the Delta Dental networks. For most covered services, Delta Dental pays a higher percentage if you go to a dentist in its PPO network over its Premier network. Delta pays the least for out-of-network dentists.

To find a participating Delta Dental dentist near you, visit or call:

deltadentaloh.com
800-524-0149
Group Number: 9273-0001

Print Your Delta Dental Card Online

If you would like a card to present to your dentist, you may print a card from Delta Dental's website. After you are enrolled in the dental plan, visit deltadentaloh.com and click on **Consumer Toolkit**.

Complete the login process and click on **Print ID Card**. If you are enrolling in the plan for the first time, please wait until July 1 to access the dental site.



14 | MyBenefits2017



Vision Service Plan

Vision coverage is offered through Vision Service Plan (VSP). The VSP Choice network encompasses a large number of providers. If you use a non-network provider, out-of-network charges will apply.

To find a participating VSP vision provider near you, visit or call:

vsp.com
800-877-7195
Group Number: 12022518

Print Your VSP Card Online

If you would like an enrollment card to present to your vision provider, you may print a card through the VSP website. After you are enrolled in the vision plan, visit vsp.com, complete the login process and click on **My Member Vision Card**. If you are enrolling in the vision plan for the first time, wait until July 1 to access the site.

See Page 15 to view the in-network and out-of-network benefits for the dental and vision plans.

¹ View detailed eligibility and documentation requirements at: das.ohio.gov/EligibilityRequirements.



For Union-Represented Employees

Union-represented employees receive dental, vision, life and legal plan benefits through Union Benefits Trust (UBT).

The UBT Enrollment Guide will be mailed to union members' homes. The guide includes enrollment/change forms for dental, vision and legal plans. For supplemental life insurance, a separate mailing from Prudential will arrive during the same period. For more information, please visit benefitstrust.org.

DELTA DENTAL PLAN FOR EXEMPT EMPLOYEES

	Delta Dental PPO Dentist	Delta Dental Premier Dentist	Non-Delta Dental Dentist*
Annual Maximum	\$1,500	\$1,500	\$1,500*
Diagnostic and Preventive Services	100%	100%	100%*
Basic Restorative Services (e.g., fillings)	100%	65%	65%*
Major Restorative Services (e.g., crowns, bridges)	60%	50%	50%*
Orthodontia	50% up to \$1,500 lifetime maximum	50% up to \$1,500 lifetime maximum	50% up to \$1,500* lifetime maximum

Deductible – \$25 deductible per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, periodontal maintenance (cleaning) and orthodontic services.

There is a separate \$1,000 lifetime maximum on dental implants.

*Delta Dental will pay up to the allowed amount or the maximum allowable charge for providers in your area. You can be balance billed by non-Delta Dental providers for any amount that exceeds the allowable amount. Network providers cannot balance bill you for the difference between their charge and Delta Dental's allowed amount.

VISION SERVICE PLAN (VSP) FOR EXEMPT EMPLOYEES

Service	In-Network	Out-Of-Network
Routine Exam/Framing/ Lens Fitting(s)	1 every 12 months	
Routine Exam/ Professional Fees	Plan pays 100% after \$10 copay.	You pay \$10 copay, then plan pays maximum of \$25.
PHAMPS	Plan pays 100% up to \$120 retail.	Plan pays maximum benefit of \$18.
MATERIALS/LENSES		You pay \$15 copay, then plan pays maximum benefit of:
Single Vision Lenses	Plan pays 100% after \$15 copay.	\$25
Bifocal Lenses		\$35
Progressive Lenses		\$52
Infocal Lenses		\$52
Contacts Lenses		\$62
Polycarbonate Lenses		\$0
CONTACT LENSES		
Elective (Instead of Lenses and Frames)	Plan pays maximum of \$125 plus standard eye exam.	
Medically Necessary	Plan pays 100% plus standard eye exam.	Plan pays maximum of \$125 plus standard eye exam.

Life Insurance

FOR EXEMPT EMPLOYEES

Exempt Basic Life Insurance

The State of Ohio pays the cost for eligible exempt employees to participate in the basic life plan. Eligible exempt employees are automatically enrolled in the basic life plan after one year of continuous state service. The coverage includes an accidental death and dismemberment benefit for work-related injuries. This benefit – equal to your annualized rate of pay rounded to the next highest \$1,000 – is provided to you at no cost.

The Internal Revenue Service (IRS) requires that employees be taxed on the value of employer-paid group life insurance coverage exceeding \$50,000. This is known as "imputed income." If your annualized rate of pay (and thus your group life insurance) exceeds \$50,000 per year, the tax you owe on the value of the coverage that exceeds \$50,000 is reported to the IRS in Box 12 of your year-end W-2 form. The tax is based upon employee age brackets on the last day of the calendar year and increases in five-year increments as you grow older. See the imputed income rate chart on the right.

Beneficiary Forms

You may designate one or more beneficiaries for your basic and supplemental life benefits by visiting the Minnesota Life, a Securian company, website at lifebenefits.com. For logon instructions, see Page 17 under Life Insurance for exempt employees. Or you may submit a beneficiary form by mail to Minnesota Life. This form is available in the forms section of the DAS Benefits Administration website, located at das.ohio.gov/HealthPlanForms. Your beneficiary elections will apply to both your basic and supplemental life insurance benefits.

Exempt Supplemental Life Insurance

Exempt employees are eligible to purchase supplemental life insurance coverage, provided by Minnesota Life. This coverage is entirely employee-paid, and can be purchased within 90 days of employment or upon becoming an exempt employee with no waiting period. When you enroll for coverage, you also may elect life insurance for your eligible dependents. The amount you contribute toward your supplemental and dependent life coverage is deducted from your paycheck. See Page 17 for plan contact information and initial logon credentials.

For Yourself

At Open Enrollment, if you do not already have supplemental life coverage, you may purchase up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability. If you have existing coverage, you may increase coverage by up to the lesser of two times your annualized earnings or \$150,000 without evidence of insurability.

The maximum amount of coverage available is the lesser of eight times your annualized earnings or \$600,000. If your coverage election exceeds the non-medical limits described above, evidence of insurability will be required. Coverage

IRS BASIC LIFE IMPUTED INCOME CHART
(Monthly Cost Per \$1,000 of Coverage in Excess of \$50,000)

AGE	COSTS
Younger than 25	\$0.05
25 through 29	\$0.06
30 through 34	\$0.08
35 through 39	\$0.09
40 through 44	\$0.10
45 through 49	\$0.15
50 through 54	\$0.23
55 through 59	\$0.43
60 through 64	\$0.66
65 through 69	\$1.27
70 and older	\$2.06

above the non-medical limits will become effective once evidence of insurability is approved by Minnesota Life. Outside of Open Enrollment, supplemental life coverage may not be increased without a qualifying life event. If you experience a qualifying life event, you must submit your request within 31 days of the associated life event. For questions regarding a qualifying life event, call Minnesota Life. See Page 17 for contact information.

For Your Spouse

You may purchase supplemental life insurance for your spouse in \$10,000 increments up to \$40,000. Spousal coverage in excess of \$10,000 requires your spouse to provide evidence of insurability.

For Your Dependent Children

You may purchase \$7,000 of life coverage for each of your eligible dependent children younger than age 26 at a rate of \$0.82 cents per month, regardless of how many children you cover. You are responsible for dropping your dependent's coverage when your child reaches age 26.

Cancelling or Reducing Coverage

You may cancel or reduce your employee or dependent supplemental life insurance coverage at any time throughout the year by submitting a written request to Minnesota Life. Coverage will be cancelled or reduced effective the first of the month after your request is received and processed by Minnesota Life. Once coverage is cancelled or reduced for either yourself and/or your dependents, evidence of insurability will be required for any future enrollment for supplemental life coverage, including during Open Enrollment and qualifying life events. You may be required to submit medical documentation and your coverage election may be approved or rejected by Minnesota Life based upon medical underwriting results.

Health and Other Benefits Contacts

ALL EMPLOYEES	EXEMPT EMPLOYEES ONLY	UNION-REPRESENTED EMPLOYEES ONLY
<p>Medical Aetna 800-949-3104 aetnastateohioemployee.com Group Number: 285507</p> <p>Anthem 844-891-8359 enrollment.anthem.com/stateofohio Group Number: 004007521</p> <p>Medical Mutual of Ohio 800-822-1152 stateofohio.medmutual.com Group Number: 228000</p> <p>Prescription Drug OptumRx 866-854-8850 OptumRx.com Rx Group Number: STOH</p> <p>Behavioral Health and Substance Use Optum Behavioral Solutions 800-852-1091 liveandworkwell.com Website Access Code: 00832</p> <p>Ohio Employee Assistance Program 800-221-6327 ohio.gov/eap</p> <p>Take Charge! Live Well! Healthways 866-556-2288 ohio.gov/tclw Click the Healthways website button.</p> <p>24-Hour Nurse Advice Line Healthways 866-556-2288, option 1</p> <p>Flexible Spending Accounts and Commuter Choice WageWorks 855-428-0446 wageworks.com</p>	<p>Dental Delta Dental of Ohio 800-524-0149 deltadentaloh.com Delta Dental PPO Group Number: 9273-0001</p> <p>Vision Vision Service Plan (VSP) 800-877-7195 vsp.com Group Number: 12022518</p> <p>Life Insurance Basic Life Insurance and Supplemental Life Insurance Minnesota Life, a Securian company 866-293-6047 lifebenefits.com Group Number: 34301 <i>Initial logon credentials for life insurance: The initial user ID is "OH" plus your State of Ohio User ID. The initial password is your date of birth (MMDDYYYY) plus the last four digits of your Social Security number.</i></p> <p>Ohio Department of Administrative Services</p> <p>HR Customer Service 614-466-8857 (option 2) or 800-409-1205 (option 2) email: HRCustomerService@das.ohio.gov website: das.ohio.gov/benefits</p>	<p>Union Benefits Trust 614-508-2255 800-228-5088 benefitstrust.org The websites of the Union Benefits Trust (UBT) vendors listed below can be accessed through the UBT website.</p> <p>Dental Delta Dental of Ohio 877-334-5008 Group Number: 1009</p> <p>Vision Vision Service Plan (VSP) 800-877-7195 Group Number: 12022914</p> <p>EyeMed Vision Care 866-723-0514 Group Number: 9674813</p> <p>Life Insurance Prudential Life Insurance 800-778-3827 Group Number: LG-01049</p> <p>Work/Life Program Working Solutions Program 800-358-8515 Group Number: 4718</p> <p>Legal Services Hyatt Legal Services 800-821-6400 Group Number: 4900010</p>
	<p>TIP: When placing a call, please ensure you have the documentation you might need during the call:</p> <ul style="list-style-type: none"> • Group Number • State of Ohio User ID • Explanation of Benefits if call is regarding a claim. 	

Legal Notices

State of Ohio
Employee Health Plans
30 E. Broad St., 27th Floor
Columbus, Ohio 43215

NOTICE OF PRIVACY PRACTICES

Effective April 1, 2017

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the privacy practices of the State of Ohio's self-funded medical plans, prescription drug plan, behavioral health plan, population health management plan, dental plans, vision plans, flexible spending account (but not dependent care flexible spending account) which are administered by the State of Ohio, Department of Administrative Services, Office of Benefits Administration Services (collectively "the Plan"). The Plan is required by the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to maintain the privacy of Protected Health Information (PHI), and to provide individuals with notice of the legal duties and privacy practices with respect to protected health information and to abide by the terms of the notice currently in effect.

Position on Privacy

The Plan is committed to maintaining the privacy of its enrolled persons. As part of your participation in the health plans, the Plan and its business associates (whom we use to administer and deliver health care services) receive health information through the operation and administration of the plans. PHI refers to any information, transmitted or maintained in any form or medium, which the Plan creates or receives that relates to your physical or mental health, the delivery of health care services to you or payment for health care services that identifies you or could reasonably be used to identify you. PHI and other Plan records are maintained in compliance with applicable state and federal laws.

If you have questions about this notice, please contact the Plan's HIPAA Privacy Contact listed on Page 20.

How the Plan May Use or Disclose Your Protected Health Information

The Plan may only use or disclose your medical information as described in this notice. Not every authorized use or disclosure in each category is listed, however all permitted uses and disclosures fall into one of these general categories.

1. Uses and Disclosures of Your PHI for Treatment, Payment, and Health Care Operations

For Treatment. The Plan may make requests, uses, and disclosures of your PHI as necessary for treatment purposes. For example, the Plan may make disclosures to your health plan regarding eligibility, or make disclosures to health care professionals involved in your care.

For Payment. The Plan may make requests, uses, and disclosures of your PHI as necessary for payment purposes. For example,

the Plan may use information regarding your medical procedures and treatment so the third party administrator can process and pay claims. The Plan may also disclose your PHI for the payment purposes of a health care provider or a health plan.

For Health Care Operations Purposes. The Plan may use and disclose your PHI as necessary for health care operations. For example, Health Care Operations include, but are not limited to, use and disclosures: by health plan of PHI to the Plan for administration of the health plans; for quality assessment of the plans through the distribution and analysis of satisfaction surveys; in connection with the performance of disease management functions; and for general administrative activities, including customer service, cost management, data management, communications, claims and operational audits, and legal services. In addition, a health plan may send you information based on your own health information to inform you of possible treatment options or alternatives that may be available to you. The Plan may also combine your health information with that of other enrolled persons to evaluate the coverage provided and the quality of care received.

2. Other Uses and Disclosures of PHI for Which Your Authorization is Not Required

In limited instances, the law allows the Plan to use and disclose your PHI without your authorization in the following situations:

- A. **As Required By Law.** The Plan may disclose your PHI when required by federal, state or local law.
- B. **Family and Individuals Involved in Your Care.** The Plan may disclose medical information about you to a family member or friend who is involved in your medical care. The Plan may request that your family members verify their identity and demonstrate they are acting on your behalf.
- C. **To Avert a Serious Threat to Health or Safety.** The Plan may disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public.
- D. **Public Health Activities.** The Plan may use and disclose medical information about you for public health activities including activities related to preventing and controlling disease or, when required by law, to notify public authorities concerning cases of abuse or neglect.
- E. **Victims of Abuse, Neglect, or Domestic Violence.** The Plan may disclose medical information to a government authority, including a social service or protective agency if the Plan reasonably believes you to be a victim of abuse, neglect, or domestic violence.
- F. **Health Oversight Activities.** The Plan may disclose medical information to a health oversight agency for oversight activities authorized by law, such as: overall health care system monitoring, monitoring the conduct of government programs, and monitoring to ensure compliance with civil rights laws.
- G. **Lawsuits/Legal Disputes.** The Plan may use and disclose medical information about you in the course of an administrative or judicial proceeding, such as in response

Legal Notices

to a subpoena, discovery request, warrant, or a lawful court order.

H. Law Enforcement Purposes. The Plan may disclose medical information to law enforcement officials for law enforcement purposes including investigation of a crime or to identify or locate a suspect, fugitive, material witness or missing person.

I. Specialized Government Functions. The Plan may disclose medical information to authorized federal officials for the purposes of intelligence, counterintelligence, and other national security activities authorized by law.

J. Military. If you are a member of the armed forces, the Plan may disclose medical information about you as required by military command authorities.

K. Organ, Eye and Tissue Donation. If you are an organ donor, the Plan may disclose information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

L. Workers' Compensation. The Plan may disclose medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illness.

M. Coroners, Medical Examiners, and Funeral Directors. The Plan may disclose medical information to a coroner or medical examiner to, for example, identify a deceased person or determine the cause of death. The Plan may also disclose medical information about patients to funeral directors as necessary to carry out their duties.

N. Business Associates. The State contracts with parties who provide necessary services for the operation of its plans. For example, the Plan is assisted in its operations by third party administrators. These persons who assist the Plan are called business associates. At times, the Plan may use and disclose PHI so they can provide services. The Plan will require that any business associates who receive PHI safeguard the privacy of that information.

O. Disclosure to You. The Plan may disclose your medical information to you.

3. Other Uses and Disclosures of PHI Requiring Your Written Authorization

In all situations other than those described previously, the Plan will ask for your written authorization before using or disclosing your PHI. For example, (except as required or permitted by law), the Plan will not use or disclose psychotherapy notes or sell your medical information without obtaining your prior written authorization. If you have provided authorization, you may revoke it in writing at any time, unless the Plan has already disclosed the information.

4. Changes to Existing Laws

Certain provisions of Ohio law may impose greater restrictions on uses and/or disclosures of PHI, or otherwise be more stringent than federal rules protecting the privacy of PHI. If such provisions

of Ohio law apply to a use or disclosure of PHI or under other circumstances described in this notice, the Plan must comply with those provisions.

Your Legal Rights

Federal privacy regulations provide you the following rights associated with your medical information:

Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information the Plan uses or discloses about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. (For example, you could ask that the Plan not disclose or use information about a certain medical treatment you received.) **The Plan is not required to agree to your request.** To request restrictions on the use or disclosure of your PHI, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 20. In your request, you must explain: (1) what PHI you want to limit; (2) whether you want to limit the Plan's use, disclosure, or both; and, (3) to whom you want the limits to apply (for example, your spouse).

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at a specific phone number or address. To request confidential communications, you must make your request in writing to the Plan's HIPAA Privacy Contact listed on Page 20. The Plan will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted. After the Plan receives your request, the information may be forwarded to your health plan. As a result, additional reasonable information may be required from you by your plan to process the request.

Right to Inspect and Copy Your Information. You have the right, in most cases, to inspect and copy medical information that may be used to make decisions about your care. To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to the Plan's HIPAA Privacy Contact listed on Page 20. If you request a copy of the information, the Plan may charge a fee for the costs of copying, mailing, or other unusual supplies associated with your request. Under Ohio and federal law, the Plan may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed.

Right to Request an Amendment. If you feel that medical information about you is incorrect or incomplete, you may ask the Plan to amend the information. You have the right to request an amendment for as long as the information is kept. To request an amendment, your request must be made in writing and submitted to the Plan's HIPAA Privacy Contact listed on this page. You must provide reasons that support your request. If the Plan denies your request for any reason under state or federal law, the Plan will permit you to submit a written statement of disagreement to be kept with your PHI. The Plan may reasonably limit the length of such statement of disagreement.

Legal Notices

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of certain disclosures the Plan has made of medical information about you. This accounting will not include many routine disclosures including, but not limited to, those made to you or pursuant to your authorization, those made for treatment, payment and operations purposes as discussed above, those made for national security and intelligence purposes, and those made to law enforcement in compliance with law.

To request this list or accounting of disclosures, you must submit your request in writing to the Plan's HIPAA Privacy Contact. Your request must state the time period that may not be longer than six (6) years prior to the date on which the accounting is requested. Your request should indicate in what form you want the list (paper or electronic). The first list you request within a 12-month period will be free. For additional lists, the Plan may charge you for the costs of providing the list. The Plan will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to a Paper Copy of this Notice. You have the right to a paper copy of this notice even if you have received it electronically. You may make your request to the Plan's HIPAA Privacy Contact.

Right to Breach Notification. You have the right to notification if a breach of your unsecured PHI has occurred.

This Notice Is Subject To Change

The Plan reserves the right to change the terms of this notice and its privacy practices at any time. If such a change is made, the new terms and policies will be effective for all of the information that the Plan has about you as well as any information it may hold about you in the future, and will be posted at das.ohio.gov and may be provided by mail if required. If you want to ensure you have the latest version of this notice, you may contact the Plan's HIPAA Privacy Contact.

Whom to Contact

If you believe your privacy rights have been violated, you may file a complaint with the Plan's HIPAA Privacy Contact or with the Secretary of the Department of Health and Human Services.

To file a complaint with the Secretary of the U.S. Department of Health and Human Services, contact the

Office of Civil Rights

U.S. Department of Health and Human Services
233 N. Michigan Ave., Suite 240
Chicago, IL 60601.

Complaints must be submitted in writing. You will not be penalized or retaliated against for filing a complaint.

Questions regarding this Notice may be directed to the Plan's HIPAA Privacy Contact:

DAS -- HIPAA Privacy Contact

30 East Broad St., 27th Floor
Columbus, Ohio 43215

614-466-6205; email: gregory.pawlack@das.ohio.gov

NOTICE OF RIGHT TO ELECT COBRA CONTINUATION COVERAGE

What is COBRA Continuation Coverage?

On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. You, your spouse and dependent children, if any, should all take the time to read the entire notice carefully.

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

Legal Notices

**If a covered child of the employee is enrolled in the plan pursuant to a qualified medical child support order (QMCSO) during the employee's period of employment, he or she is entitled to the same rights under COBRA as if he or she were the employee's dependent.*

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee is becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to your employer.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability: The 18 months may be extended to 29 months if a qualified beneficiary is determined by the Social Security Administration to be disabled (for Social Security disability purposes) at any time during the first 60 days of COBRA coverage. This 11-month extension is available to all individuals who are qualified beneficiaries due to a termination or reduction in hours of employment.

To benefit from this extension, a qualified beneficiary must notify the Plan Administrator or designated Plan Service Provider of the disability determination on or before 60 days from the COBRA start date, and before the end of the original 18-month period. If you do not notify the Plan Administrator or the designated Plan Service Provider within the required period of time, you may lose your right to the extension.

The affected individual must also notify the Plan Administrator or designated Plan Service Provider within 30 days of any final disability determination that the individual is no longer disabled. Coverage will end on the first of the month, following at least 30 days after the date of the Social Security final disability determination letter.

Second qualifying event extension of 18-month period of continuation coverage: If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Your Election Rights: When the Plan Administrator or designated Plan Service Provider is notified that one of these events has happened, they will in turn notify you that you have the right to choose continuation coverage. Under the law, you have at least 60 days from the date you would lose coverage (because of one of the events described above) to inform the Plan Administrator or the designated Plan Service Provider that you want continuation coverage. If you do not choose continuation coverage in a timely manner, your group health insurance coverage will end.

Coverage Rights: If you choose continuation coverage, the Plan is required to give you coverage which, as of the time coverage is being provided, is identical to the coverage provided under the Plan to similarly situated employees or family members. Each covered person will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

Maximum Period of Coverage: The law requires that you be afforded the opportunity to maintain continuation coverage for 36 months unless you lost group health coverage because of a termination of employment (for reasons other than gross misconduct) or reduction in hours. In that case, the required continuation coverage period is 18 months. These 18 months may be extended for affected individuals to 36 months from termination of employment if other events (such as a death, divorce, legal separation, or Medicare entitlement) occur during that 18-month period. In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect coverage.

Legal Notices

California State Residence: Under California law, you may be eligible for a state-mandated extension of benefits after your federally-mandated COBRA period expires. California state laws allow an extension of COBRA benefits to a total of 36 months from the date of your qualifying event to qualified beneficiaries who begin COBRA coverage on or after Jan. 1, 2003. You will be notified of this extension at the conclusion of your original COBRA coverage.

Flexible Spending Account or Medical Reimbursement Account: If you are participating in the company's Flexible Spending Account or Medical Reimbursement Account at the time of your termination or reduction of hours, you may also have the right to continue participation under COBRA based on the following parameters:

1. You will be allowed to continue coverage for the remainder of the current plan year if you have a balance remaining in your account at the time of your termination or reduction in hours;
2. You will not be able to receive reimbursements in excess of your original election amount in the account; and
3. You make monthly payments in the same amount as your regular payroll deductions while you were an active employee.

Adding Dependents to COBRA Coverage: A child who is born to or adopted by the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator or designated Plan Service Provider of the birth or adoption.

Expiration of COBRA Coverage: The law also provides that continuation coverage may be cut short for any of the following five reasons:

1. The company no longer provides group health coverage to any of its employees;
2. The premium for continuation coverage is not paid on time;
3. The qualified beneficiary becomes covered - after the date he or she elects COBRA coverage - under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition he or she may have;
4. The qualified beneficiary becomes entitled to Medicare after the date he or she elects COBRA coverage;
5. The qualified beneficiary extends coverage for up to 29 months due to disability and there has been a final determination that the individual is no longer disabled.

Limits to Pre-Existing Conditions: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the extent to which group health plans may impose pre-existing condition limitations. These rules are generally effective for plan years beginning after June 30, 1997. HIPAA coordinates COBRAs other coverage cut-off rules with these new limits as follows:

- If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. However,

if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the Plan may terminate your COBRA coverage.

- You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; the Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Insurance Premiums: Under the law, you may have to pay all or part of the premium for your continuation coverage. You may also be required to pay a 2% administration fee above the cost of the premiums. If you are disabled, you may be required to pay 150% of the premium during the 11-month extension period.

Grace Period: There is a grace period of 30 days for payment of the regularly scheduled premium.

Conversion Coverage: At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be allowed to enroll in an individual conversion health plan provided a conversion health plan is available to active employees. Please read your health plan benefits booklet or Summary Plan Description regarding any option for conversion coverage after the expiration of COBRA coverage. If there is an option for conversion to an individual policy, follow the instructions provided to apply for the coverage, as it would be separate coverage, and would not simply be an extension of COBRA coverage.

If You Have Questions

This notice does not fully describe continuation coverage or other rights under the Plan. More complete information regarding such rights is available from the plan contact identified on Page 20 and throughout the Summary Plan Description. Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified on Page 20. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), the Patient Protection and Affordable Care Act (PPACA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available on EBSA's website.) For more information about the Marketplace, visit www.Healthcare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

COBRA contact information

If you have any questions about your rights to COBRA continuation coverage, you should contact:

Legal Notices

Through June 30, 2017:

UnitedHealthcare

P.O. Box 221709
Louisville, KY 40252

Customer Care Center

Toll Free: (877) 237-8576
email: cobra_kyoperations@uhc.com
www.uhcservices.com

Beginning July 1, 2017:

Visit das.ohio.gov/cobra for contact information.

SPECIAL ENROLLMENT RIGHTS PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability and Accountability Act (HIPAA) also addresses the circumstances under which treatment for medical condition may be excluded from health plan coverage.

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. You, your spouse and any dependents should all take the time to read the entire notice carefully.

Special Enrollments: If you decline enrollment for yourself or your dependents (including your spouse) because of having other health insurance or group health plan coverage at the time of your eligibility to participate, you may enroll yourself or your dependents at a future point, provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 31 days of such an event.

Obtaining Additional Information: If you need assistance in determining your rights under ERISA or HIPAA, you may contact your Plan Administrator or the U.S. Department of Labor by writing to the Chicago Regional office at 200 W. Adams Street, Suite 1600, Chicago, IL 60606, or by calling the Department at 312-353-0900.

If you have questions about this notice, please contact your Plan Administrator listed below:

State of Ohio

Department of Administrative Services
Benefits Administration Services
Medical Plan Benefits Manager

30 East Broad Street, 27th Floor
Columbus, Ohio 43215
(800) 409-1205 (option 2)

Also, if you have changed marital status, or if you, your spouse or any other qualified dependents have changed addresses, please notify your local Human Resources Representative.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. The terms of WHCRA provide:

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

1. All stages of reconstruction of the breast on which the mastectomy was performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance;
3. Prostheses; and,
4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient. Such coverage may be subject to annual deductibles and coinsurance provisions as may be deemed appropriate and as are consistent with those established for other benefits under the plan or coverage.

If you have any questions or would like more information about the State of Ohio's WHCRA benefits, contact HR Customer Service at 614-466-8857 (option 2) or 800-409-1205 (option 2).

THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Under the provisions of The Newborns' and Mothers' Health Protection Act, group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a Caesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PATIENT PROTECTION DISCLOSURE

The Ohio Med PPO generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, please see the contact numbers below for Aetna, Anthem, and Medical Mutual of Ohio.

Legal Notices

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna, Anthem, Medical Mutual of Ohio, or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact: Aetna at (1-800-949-3104); Anthem at (1-844-891-8359); or, Medical Mutual of Ohio at (1-800-822-1152).

CREDITABLE COVERAGE DISCLOSURE:

Important Notice from the State of Ohio About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Ohio and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When can you join a Medicare drug plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from Oct. 15 to Dec. 7. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current coverage if you decide to join a Medicare drug plan?

If you decide to join a Medicare drug plan, your current State of Ohio coverage will not be affected. The State of Ohio has determined that the prescription drug coverage offered by OptumRx is, on average for all Plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Go to: das.ohio.gov/prescriptiondrug for more details on your prescription benefits.

If you decide to join a Medicare Drug Plan and drop your current state medical coverage, be aware that you and your dependents will not be able to get this coverage back unless you experience a qualifying event or sign up during Open Enrollment.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the State of Ohio and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1 percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19 percent higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For further information, contact:

State of Ohio

Ohio Department of Administrative Services
Benefits Administration Services
Prescription Drug Benefits Manager

30 East Broad, 27th Floor
Columbus, OH 43215
800-409-1205 (option 2)

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the State of Ohio changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

Legal Notices

For more information about Medicare prescription drug coverage:

- Visit: medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the Web at: socialsecurity.gov or call them at 1-800-772-1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

NOTICE REGARDING WELLNESS PROGRAM

Take Charge! Live Well! is a voluntary wellness program available to all employees enrolled in the State of Ohio medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You also will be asked to complete a biometric screening, which will include a blood test for total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides, and blood glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of up to \$50 for completion of the HRA and \$100 for completion of a biometric screening. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives of up to \$200 may be available for employees who participate in certain health-related activities such as health coaching and online participation in health and wellness lessons and/or challenges. If you are unable to participate in any of the health-related activities required to earn an incentive, you may be entitled to a reasonable accommodation. You may request a reasonable accommodation by contacting Beth Kim, State of Ohio Wellness program manager, at 614-728-5478.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching and QuitNet. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and the State of Ohio may use aggregate information it collects to design a program based on identified health risks in the workplace, *Take Charge! Live Well!* will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is the health coaching staff at Healthways, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records; information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Beth Kim at 614-728-5478.

PLEASE NOTE: The material in this publication is for informational purposes. It is intended only to highlight the main benefits, eligibility policies and coverage information for State of Ohio employees and their dependents. Every effort has been made to be as accurate as possible; however, should there be a difference between this information and the plan documents, the plan documents govern. To locate the plan documents on the Benefits Administration website, das.ohio.gov/benefits, click on Medical located in the right navigation pane under Benefits.

Glossary

When reviewing information about your health care coverage options, it is helpful to understand some of the basic terms and concepts.

Benefit Year/Plan Year: The 12-month period from July 1 through June 30 during which services are rendered and your deductible and coinsurance are accumulated.

Biometric Screening: A private screening with a health professional that provides a snapshot of your health. The screening includes cholesterol (total), HDL, LDL, blood glucose, blood pressure, height, weight and waist circumference.

Change in Status/Qualifying Event: A change in your life that allows you to enroll or make an adjustment to your existing coverage. Examples include marriage, divorce, birth or adoption of a child, or a change in job status for you or a dependent.

Coinsurance: The percentage of eligible expenses that the health care plan pays after the annual deductible is met. For example, an 80 percent coinsurance rate means you pay 20 percent and the plan pays 80 percent.

Copay: A specified dollar amount you pay to a health care provider or pharmacy for eligible expenses such as office visits and prescriptions. Copays do not count toward your annual deductible.

Covered Person: The employee, the employee's spouse and/or dependent children who are eligible and enrolled under your health care plan.

Covered Services: Those services and supplies provided for the purpose of preventing, diagnosing or treating a medical condition, behavioral disorder, psychological injury or substance use addiction for which the plan will provide benefits.

Deductible: The amount you pay for eligible expenses each plan year before the plan begins to pay anything. This does not apply to preventive services covered at 100 percent.

Dependent(s): A spouse and/or an eligible child or children.

Eligible Expense: The maximum amount on which payment is based for covered health care services. You may be required to pay a percentage of Eligible Expenses in the form of Coinsurance.

Employee Share or Contribution: The portion of the total premium that you pay through pre-tax payroll deductions for your coverage.

Exempt Employee: An appointment to a position not represented by a labor union. Employees are usually exempt from union representation because they are supervisors, in positions of a confidential or fiduciary nature or not in permanent appointments.

Flexible Spending Accounts (FSA): A type of savings account that provides the account holder with specific tax advantages.

The account allows employees to contribute a portion of his or her regular earnings to pay for qualified expenses, such as for medical or dependent care. The two types of FSAs are health care spending accounts and dependent care spending accounts.

Out-of-pocket Maximum: The cap or maximum amount you pay for eligible out-of-pocket health care expenses during the plan year. After your out-of-pocket expenses reach the maximum, the plan pays 100 percent of any additional eligible expenses for the remainder of the plan year. There is a separate out-of-pocket maximum for prescription drugs.

Patient Protection and Affordable Care Act (also known as the Affordable Care Act or PPACA or simply ACA): The health reform legislation passed by Congress and signed into law in March 2010 by the president of the United States.

Preferred Provider Organization (PPO): A PPO is a medical plan that offers benefits at both network and non-network levels. When you enroll in the Ohio Med PPO, you may visit any doctor and receive benefits. However, the benefit is greater when you use network providers, but less when you use providers who are not part of the network.

State Share or Contribution: The portion of the total premium the State of Ohio pays to provide its employees with coverage.

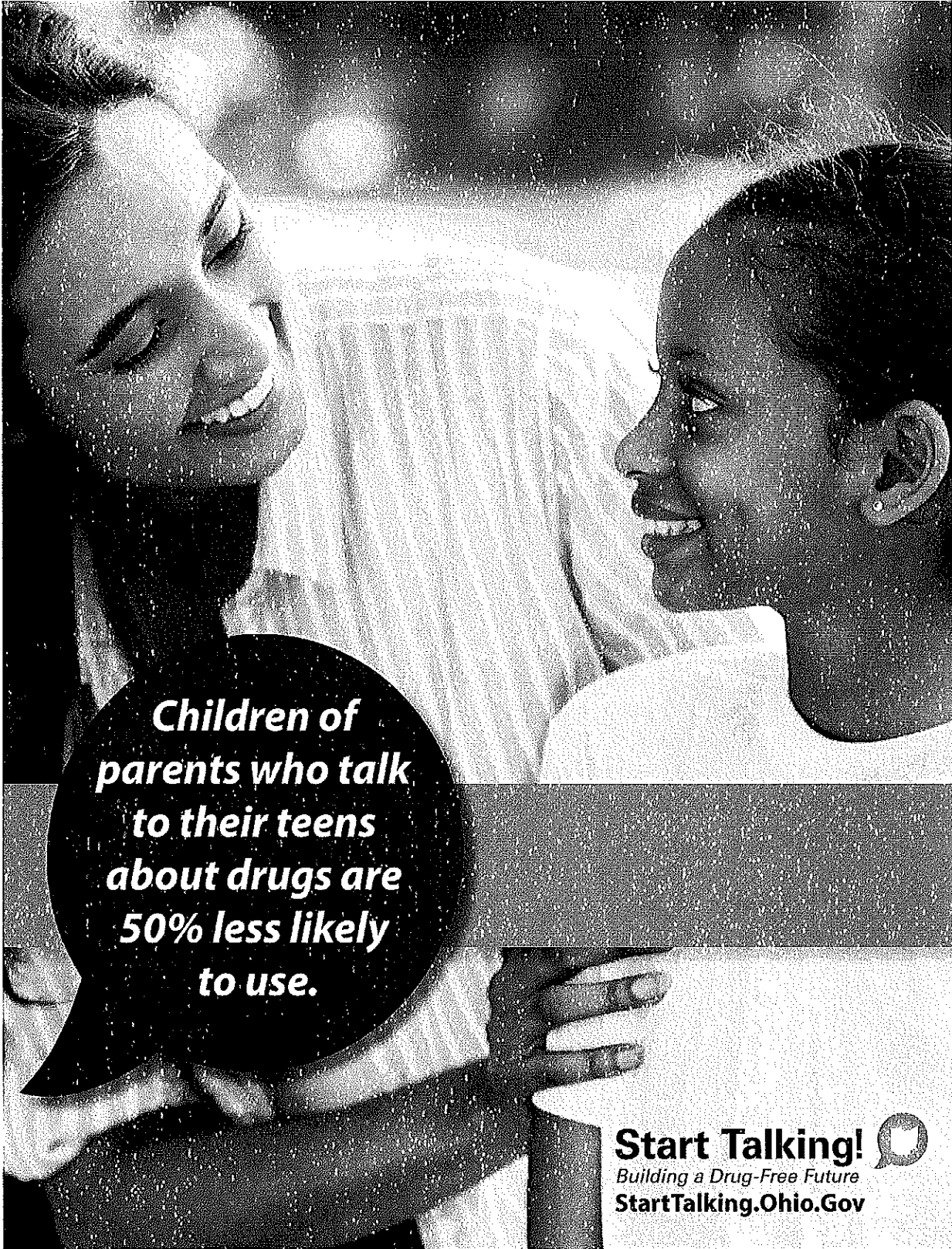
Summary of Benefits and Coverage (SBC): A requirement of the Patient Protection and Affordable Care Act, the SBC is a concise four-page document that details simple and consistent information about health plan benefits and coverage. It will help you understand the basics of your coverage and allow you to compare any different coverage options you may have. It summarizes the key features of the plan, such as covered benefits, cost-sharing provisions, and limitations and exceptions. All insurance companies and group health plans must use the same standard SBC form. The SBC also contains a link to the required Uniform Glossary, which provides definitions of many commonly used health coverage and medical terms. For full details, visit das.ohio.gov/benefits.

Third-Party Administrator (TPA): An organization or company that processes claims and other aspects of employee benefits plans on behalf of an employer. For example, Aetna, Anthem and Medical Mutual are the third-party administrators of the Ohio Med PPO.

Total Premium: The combination of the employee contribution and the state contribution.

Union-Represented Employee: Also known as a Bargaining Unit Employee, is represented by a labor union and covered by the terms of a collective bargaining agreement.

Well-Being 5 Survey: A confidential questionnaire that assesses your physical, emotional, financial and social health and how your lifestyle habits affect your overall well-being.



**Children of
parents who talk
to their teens
about drugs are
50% less likely
to use.**

Start Talking! 
Building a Drug-Free Future
StartTalking.Ohio.Gov



Ohio Department of Administrative Services
Human Resources Division
30 E. Broad St., 28th Floor
Columbus, Ohio 43215

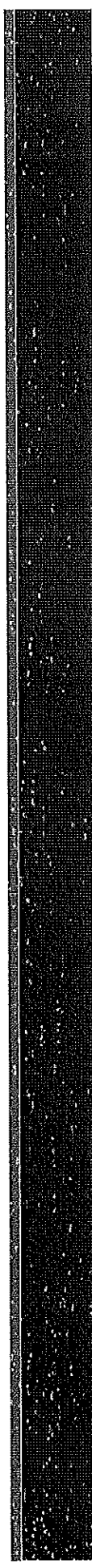


2017 OPEN ENROLLMENT

Open Enrollment 2017

MAY 15 THROUGH MAY 26, 2017

(EFFECTIVE JULY 1, 2017 THROUGH JUNE 30, 2018)



Ohio Med PPO Plan

- ☐ Three administrators will manage the Ohio Med PPO plan
 - Aetna
 - Anthem
 - Medical Mutual
 - The rate will be the same for all administrators
 - Employees will automatically be assigned to the correct administrator

Important Administrator Highlights

- ❑ Employee contributions- 'Family w/Spouse', 'Family w/o Spouse', and 'Single' rates will be the same with all administrators
- ❑ Major benefit levels- Co-pays, deductibles, and out-of-pocket maximums will be the same with all administrators

Medical Rates

☐ Rates are increasing

FULL-TIME EMPLOYEE MEDICAL DEDUCTIONS						
FULL-TIME / BIWEEKLY PAID EMPLOYEE DEDUCTIONS ¹				FULL-TIME / MONTHLY PAID EMPLOYEE DEDUCTIONS ¹		
	Employee Share	State Share	Total	Employee Share	State Share	Total
Single	\$46.19	\$260.64	\$306.83	\$100.07	\$564.75	\$664.82
Family Minus Spouse	\$126.44	\$715.40	\$841.84	\$273.94	\$1,550.02	\$1,823.96
Family Plus Spouse ²	\$132.21	\$715.40	\$847.61	\$286.44	\$1,550.02	\$1,836.46

¹ These rates represent the total amount that will be deducted from your paycheck.

² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

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² Family Plus Spouse rates above include a charge of \$12.50 per month to cover a spouse.

Dependent Eligibility

- ☐ Dependents may receive medical coverage up to age 26
 - No student requirements
 - Dependents may be married
 - No financial or residency requirements for step children

Optum Rx Prescription Coverage

☐ ID Cards

- All employees will receive new prescription cards from OptumRx

☐ Specialty medications

- Specialty medications for serious medical conditions must be obtained from Brivo Specialty Pharmacy.

☐ Preventative medications

- Certain preventative medications are required to be covered at no charge. All of these require a prescription and may have certain quantity and/or age restrictions.

Behavioral Health

- ☐ Coverage is administered by Optum Behavioral Solutions
 - The plan provides 24-hours-a-day, seven-days-a-week phone assessment and referral services.

- ☐ All employees and dependents enrolled in the state's medical plan are eligible for behavioral health coverage
 - Participants can visit any provider, but will pay more for out-of-network providers and facilities.

Dental and Vision

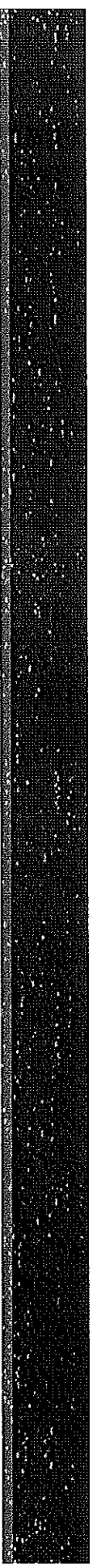
- ☐ Only one dental and vision plan offered
 - Delta Dental PPO
 - Vision Service Plan (VSP)

- ☐ Dependent eligibility for dental and vision coverage is NOT the same as medical
 - Dependent children are eligible up to age 23
 - Student certification is required

- ☐ You do not have to be enrolled in medical coverage to enroll in dental and vision coverage

Take Charge! Live Well!

- ☐ Wellness program
 - Well-being assessment
 - Biometric screening
- ☐ Assistance programs
 - Weight loss management
 - Tobacco management
 - Diabetes management



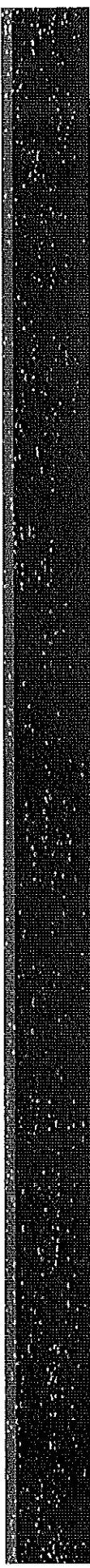
Supplemental Life Insurance

- ☐ You can purchase coverage during the open enrollment period to supplement the basic life insurance coverage the state provides.
- ☐ Supplemental life insurance is administered by Minnesota Life Insurance Company and may be purchased through payroll deduction.
- ☐ Dependents may be covered until their 26th birthday.

Open Enrollment Website

❑ DAS has provided detailed information on their website for the 2017 Open Enrollment. Please click on the link below to access the site:

<http://www.das.ohio.gov/OpenEnrollment>



Questions?

- ☐ If you have additional questions regarding your benefits, contact Jason Parsons at 466-4308.



From: Springhetti, Blake
Sent: Friday, June 2, 2017 1:29 PM
To: House All
Subject: Co-Sponsor Request: Reduced Mandated Sick Days for Public Employees
Attachments: Co-Sponsor Request - Reducing Mandated Sick Days for Public Employees.pdf

Ohio House of Representatives



Representative Derek Merrin
47th District

MEMORANDUM

TO: All House Members

FROM: Representative Derek Merrin

DATE: June 2, 2017

RE: Co-Sponsor Request: Reduced Mandated Sick Days for Public Employees

I will soon introduce legislation to align public employees' sick day allotment with the standard allotment for state public employees.

State employees receive 10 sick days per year, while many local government employees receive an excessive 15 sick days per year (3 weeks). This legislation makes 10 sick days per year the standard across the board - impacting county, municipal, civil service township, school district, and university employees. This will help create fairness between state and local government employees. The bill contains a provision that restricts collective bargaining agreements from requiring local governments to provide more than the state mandated number of 10 sick days annually.

By forcing local governments/taxpayers to provide an excessive number of sick days, the state is driving-up local governments' costs. You will be hard pressed to find any private-

sector business that provides 15 sick days annually. Also, government employees receive additional, generous amounts of personal days and vacation leave. The legislature created this excessive mandate and it is time for us to fix it. Please join with me to support a reasonable standard and provide relief to our local governments.

If you would like to co-sponsor this legislation or have any questions, please contact my Legislative Aide, Blake Springhetti, at Blake.Springhetti@ohiohouse.gov or at (614) 466-1731 by **Tuesday, June 13**.

Sincerely,
Derek Merrin

Ohio House of Representatives



Representative Derek Merrin
47th District

MEMORANDUM

TO: All House Members
FROM: Representative Derek Merrin
DATE: June 2, 2017
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By forcing local governments/taxpayers to provide an excessive number of sick days, the state is driving-up local governments' costs. You will be hard pressed to find any private-sector business that provides 15 sick days annually. Also, government employees receive additional, generous amounts of personal days and vacation leave. The legislature created this excessive mandate and it is time for us to fix it. Please join with me to support a reasonable standard and provide relief to our local governments.

If you would like to co-sponsor this legislation or have any questions, please contact my Legislative Aide, Blake Springhetti, at Blake.Springhetti@ohiohouse.gov or at (614) 466-1731 by **Tuesday, June 13.**

Sincerely,
Derek Merrin

From: report@hannah.com
Sent: Friday, June 2, 2017 5:49 PM
To: DL_Hannah
Subject: Hannah News Stories for Friday, June 2, 2017

Friday, June 2, 2017

IN TODAY'S HANNAH REPORT:

Please click here to read the entire Hannah Report.

Today's Stories

- [ACT Relents on Scoring Tests](#)
- [ODT Finalizes 2017 Farmland Values Ahead of Potential Changes by Legislature](#)
- [Brown Speaks at Small Business Facebook Event; Criticizes Paris Agreement Withdrawal](#)
- [National Unemployment Rate Drops to 4.3 Percent; 138,000 Jobs Added](#)
- [State Promotes CDL Exemption for Drivers with Hearing Difficulties](#)
- [Buckeye Institute Report Urges Use of Education Savings Accounts in Ohio](#)
- [Patterson Introduces Bill to Designate June as 'Alzheimer's/Brain Awareness Month'](#)
- [Ohio Leaders, Advocacy Groups React to U.S. Withdrawal from Paris Climate Agreement](#)
- [Notable Quotes around Capitol Square](#)
- [State Government Roundup: ODE; GCPD; ODJFS](#)
- [Ohio Digest: University Hospitals; OCF; Shumaker Advisors](#)
- [Judicial Actions: Oral Arguments](#)
- [Executive Actions: Judicial Appointments; Governor's Appointments](#)
- [Week in Review for Friday, June 2, 2017](#)

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From: Noonan, Matthew
Sent: Wednesday, June 7, 2017 11:34 AM
To: Sarko, Alyssa
Subject: Regarding ALEC

Hello Alyssa,

Rep Stein wanted me to let the Speaker know of his intent to attend ALEC conference in Denver. I believe Yapple had been coordinating some ALEC stuff, not sure who now is the best contact. In any case, Rep Stein registered to the conference last night, should be on early bird rate, and selected the committee dealing with Agriculture and Energy.

I am not sure if you needed any of this info, but if there is anything else, please let me know.

Matthew Noonan

Legislative Aide- Representative Dick Stein (R-57)
Ohio House of Representatives
77 South High St. Floor 11
Columbus, OH 43215
614.466.9628

From: Sarko, Alyssa
Sent: Wednesday, June 7, 2017 11:46 AM
To: Noonan, Matthew
CC: Hofer, Andrea
Subject: RE: Regarding ALEC

Thanks, Matt! I've cc'ed Andrea who has been assisting with this.

Alyssa Sarko

Director of the Speaker's Office
Office of Speaker Clifford A. Rosenberger
77 S. High St., 14th Floor | Columbus, OH 43215
Alyssa.sarko@ohiohouse.gov | 614.466.0536

From: Noonan, Matthew
Sent: Wednesday, June 07, 2017 11:34 AM
To: Sarko, Alyssa
Subject: Regarding ALEC

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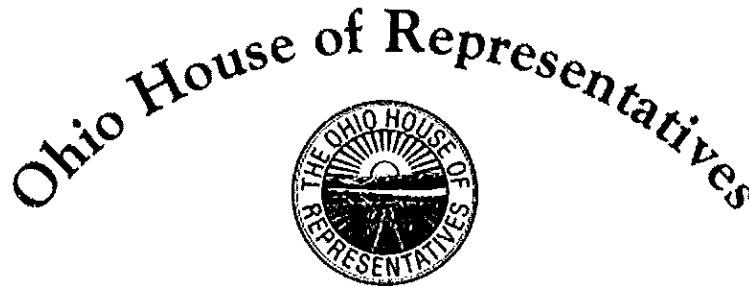
Legislative Aide- Representative Dick Stein (R-57)

Ohio House of Representatives
77 South High St. Floor 11

Columbus, OH 43215

614.466.9628

From: Osborne, Markee
Sent: Wednesday, June 7, 2017 3:05 PM
To: House_All
Subject: Co-Sponsor Request: Occupational Licensure Reform
Attachments: Occupational Licensing Reform Points.pdf; Co-Sponsor Request Occupational Licensure Reform.pdf



Representative Robert McColley

81st Ohio House District

Representative Ron Hood

78th Ohio House District

TO: All House Members
FROM: Representatives Robert McColley and Ron Hood
DATE: June 7, 2017
RE: Co-Sponsor Request: Occupational Licensure Reform

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- During the sunrise process, newly introduced bills instituting new occupational regulations will be subject to review by LSC in a similar fashion to fiscal notes or local impact statements.
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 - The bill uses the same anti-trust provisions that were located within the, 'As Passed by the House' version of the main operating budget, HB 49.

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If you have any questions about this legislation, please feel free to reach out to our offices. Attached, with the co-sponsor request, you will also find a brief informational memo regarding occupational licensure in Ohio. If you would like to co-sponsor this legislation, you may contact either Markee Osborne at (614) 466-3760 or at markee.osborne@ohiohouse.gov or Robert Knisley at (614) 466-1464 or at robert.knisley@ohiohouse.gov. The deadline for co-sponsoring this legislation is Friday, June 16th at 4:00PM.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Robert McColley".

Robert McColley
State Representative
81st House District

A handwritten signature in black ink, appearing to read "Ron Hood".

Ron Hood
State Representative
78th House District

Occupational Licensing Reform

Why Do We Need Occupational Licensing Reform?

Opportunity to lead the nation in reforming job killing occupational licensing

- Occupational licensing reform is supported by a wide range of bipartisan groups ranging from the free market think tanks The Buckeye Institute, Heritage Foundation and Cato Institute, to center-left groups such as Brookings Institute, and was supported by the Obama Administration.¹
- The State of Ohio even licenses such occupations as:
 - Emergency Medical Technician/Paramedic
 - Requires 900 hours to be certified (not licensed even), but 1,500 for cosmetology. See Administrative Code 4765-17-04
 - Auctioneers
 - 17 States do not license auctioneers, but Ohio is one that does. The license requires a 12-month apprenticeship program, bid caller in at least 12 auction sales, and must study auctioneering at an institution approved by the state auctioneers commission.
 - General Contractor – HVAC
 - It takes 1,825 days of education and experience to obtain this license. The national average is 891 days.
- Licensing is a major labor issue and impacts more Ohioans than unions or minimum wage.
 - Ohio likely sacrifices over 40,000 jobs due to occupational licensing.²
 - 18% of residents in Ohio require an occupational license in order to earn a living in their chosen profession.³

¹ See: <http://www.buckeyeinstitute.org/research/detail/forbidden-to-succeed-how-licensure-laws-hold-ohioans-back>, <http://www.heritage.org/research/reports/2015/11/costly-mistakes-how-bad-policies-raise-the-cost-of-living>, <https://www.cato.org/publications/research-briefs-economic-policy/analyzing-labor-market-outcomes-occupational-licensing>, <https://www.brookings.edu/research/reforming-occupational-licensing-policies/>, https://www.whitehouse.gov/sites/default/files/docs/licensing_report_final_nonembargo.pdf.

² Calculation based on following section from <https://www.judiciary.senate.gov/imo/media/doc/02-02-16%20Kleiner%20Testimony.pdf>: "Estimates developed by me with Professor Alan Krueger of Princeton University, the former Head of President Obama's Council of Economic Advisers and former chief economist in both the Department of the Treasury, and the Department of Labor, and Professor Alexandre Mas, also at Princeton and former Chief Economist at the Department of Labor and Chief Economist at Office of Management and Budget under President Obama, showed the cost of licensing nationally in the form of lost jobs to be 0.5% -1.0% in 2010.5"

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Occupational Licensing Reform

- **Only 12.3% of Ohioans are in a union.**⁴
- **Less than 3% of Ohioans earn at or below the prevailing Federal Minimum Wage of \$7.25.**⁵
- **Studies have shown that the cost of hiring a licensed worker is approximately 15% higher than an unlicensed worker with the same level of experience doing the same job.**⁶
- **Households in Ohio could save \$775 per year with occupational licensing reform.**⁷
- **Ohio remains over 100,000 private sector jobs below its peak private sector employment in March of 2000.**
- **African Americans are disproportionately impacted.**
 - In May of 2017 the unemployment rate for African Americans in the U.S. was 7.5 percent compared to 3.7 percent for whites.⁸
 - In May of 2017 the unemployment rate is a staggering 27.3 percent for young African-Americans between 16 and 19 as opposed to 11.4 percent of young whites.⁹

⁴ http://www.bls.gov/regions/midwest/news-release/unionmembership_ohio.htm

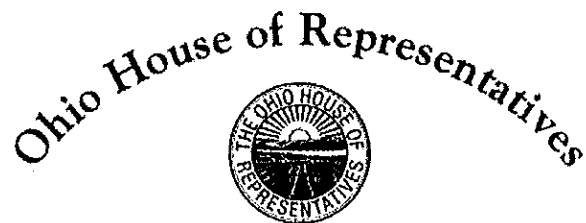
⁵ <http://www.mydaytondailynews.com/news/business/nearly-100000-ohioans-earning-less-than-state-mini/nr36x/>

⁶ http://research.upjohn.org/cgi/viewcontent.cgi?article=1008&context=up_policypapers

⁷ <https://fee.org/articles/the-hidden-tax-that-costs-households-up-to-1-500-a-year/>

⁸ <http://www.bls.gov/news.release/empsit.t02.htm>

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Representative Robert McColley
81st Ohio House District

Representative Ron Hood
78th Ohio House District

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FROM: Representatives Robert McColley and Ron Hood
DATE: June 7, 2017
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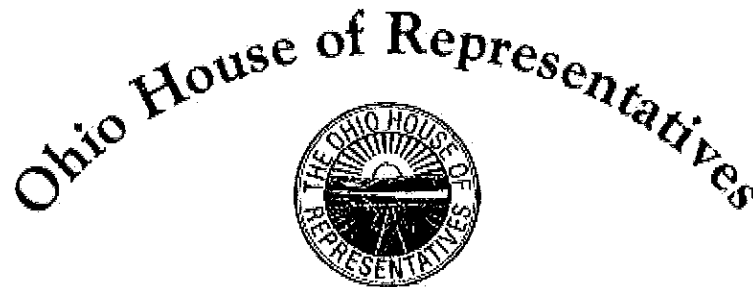
Robert McColley
State Representative
81st House District



Ron Hood
State Representative
78th House District

From: Springhetti, Blake
Sent: Tuesday, June 13, 2017 2:32 PM
To: House_All
Subject: EXTENDED: Co-Sponsor Request: Reduced Mandated Sick Days for Public Employees
Attachments: Co-Sponsor Request - Reducing Mandated Sick Days for Public Employees.pdf

The deadline to co-sponsor has been extended to **Tuesday, June 20 at 5pm!**



Representative Derek Merrin
47th District

MEMORANDUM

TO: All House Members

FROM: Representative Derek Merrin

DATE: June 13, 2017

RE: EXTENDED: Co-Sponsor Request: Reduced Mandated Sick Days for Public Employees

I will soon introduce legislation to align public employees' sick day allotment with the standard allotment for state public employees.

State employees receive 10 sick days per year, while many local government employees receive an excessive 15 sick days per year (3 weeks). This legislation makes 10 sick days per year the standard across the board - impacting county, municipal, civil service township, school district, and university employees. This will help create fairness between state and

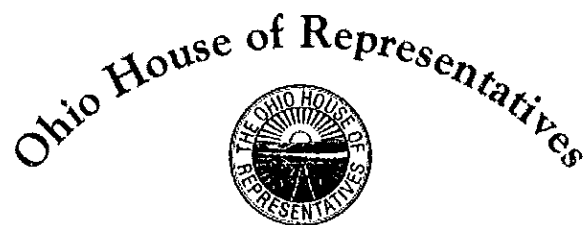
local government employees. The bill contains a provision that restricts collective bargaining agreements from requiring local governments to provide more than the state mandated number of 10 sick days annually.

By forcing local governments/taxpayers to provide an excessive number of sick days, the state is driving-up local governments' costs. You will be hard pressed to find any private-sector business that provides 15 sick days annually. Also, government employees receive additional, generous amounts of personal days and vacation leave. The legislature created this excessive mandate and it is time for us to fix it. Please join with me to support a reasonable standard and provide relief to our local governments.

If you would like to co-sponsor this legislation or have any questions, please contact my Legislative Aide, Blake Springhetti, at Blake.Springhetti@ohiohouse.gov or at (614) 466-1731 by **Tuesday, June 20 at 5pm.**

Sincerely,

Derek Merrin



Ohio House of Representatives

Representative Derek Merrin
47th District

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Derek Merrin

From: Osborne, Markee
Sent: Thursday, June 15, 2017 2:00 PM
To: House_All
CC: Knisley, Robert
Subject: REMINDER: Co-Sponsor Request: Occupational Licensure Reform
Attachments: Occupational Licensing Reform Points.pdf; Co-Sponsor Request Occupational Licensure Reform.pdf

****Reminder: Deadline to co-sponsor is tomorrow, June 16th at 4pm****



Representative Robert McColley
81st Ohio House District

Representative Ron Hood
78th Ohio House District

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DATE: June 7, 2017
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81st House District



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Occupational Licensing Reform

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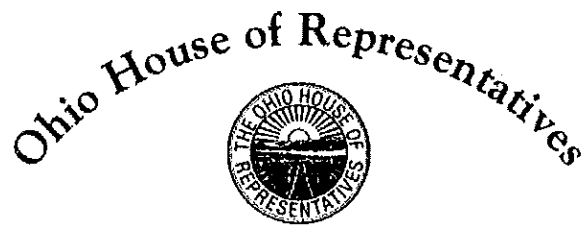
⁵ <http://www.mydaytondailynews.com/news/business/nearly-100000-ohioans-earning-less-than-state-mini/nr36x/>

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State Representative
81st House District



Ron Hood
State Representative
78th House District

From: Clegg, Brennan
Sent: Monday, June 19, 2017 4:04 PM
To: Sarko, Alyssa; Hofer, Andrea
CC: Kerns, Emily
Subject: FW: Free Speech Briefing in Ohio

Brennan Clegg
Executive Assistant / Legislative Aide to the Speaker

Office of Speaker Clifford A. Rosenberger

Ohio House of Representatives
W: (614)752-6336
C: (614)202-9235

From: Lisa Nelson [mailto:lnelson@alec.org]
Sent: Monday, June 19, 2017 3:53 PM
To: cliffrosenberger@gmail.com; william.seitz@dinsmore.com; louterhar@gmail.com
Cc: Daniel Turner ; Clegg, Brennan ; Jeff Lambert ; Michael Bowman ; Shelby Emmett
Subject: Free Speech Briefing in Ohio

Team Ohio!

I wanted to reach out to this rock star team because we are hoping to bring our Free Speech team to your wonderful state for a briefing this Fall. As you may have heard, we recently hired Shelby Emmett as our Director of ALEC's Center to Protect Free Speech. She is working directly with our task force directors on policy and content that will help educate and shape our thinking around free speech issues and challenges. In particular, Shelby and her team are focused on donor privacy, campus speech and commercial speech which are all proving to be critical to understand in the current environment.

We have been identifying specific states where we can have an impact and are hopeful that Ohio would be interested in having a briefing this Fall. Of course, we want to start with this illustrious team to schedule. Speaker Rosenberger, if there is a particular date that might work with your plans, we would build it around your schedule.

I have copied Daniel Turner who can follow up with Brennan or anyone on your team to work out any logistics or details. I really hope we can make something work as we see these issues as critical going forward and want to be sure that legislators are educated and prepared.

With thanks,

Lisa

Lisa B. Nelson
Chief Executive Officer
American Legislative Exchange Council

2900 Crystal Drive, Suite 600
Arlington, VA 22202
o) 571-482-5000



Upcoming Meetings:

2017 Annual Meeting – July 19-21, 2017 – Denver, Colorado

2017 States and Nation Policy Summit – December 6-8, 2017 – Nashville, Tennessee

2018 Spring Task Force Summit – April 27, 2018 – Grand Rapids, Michigan

The American Legislative Exchange Council is a 501(c)3 nonprofit organization and is the largest nonpartisan, voluntary membership organization of state legislators in the United States dedicated to the principles of limited government, free markets and federalism. The Council is governed by state legislators who comprise the National Board of Legislators and is advised by the Private Enterprise Advisory Council, a group of private, foundation and think tank members.

[Website](#) | [Facebook](#) | [Twitter](#) | [Blog](#)

From: Ohio House Republican Communications
Sent: Monday, June 19, 2017 4:53 PM
Subject: GOP Week in Review 6/12/17 – 6/18/17



OHIO HOUSE OF REPRESENTATIVES

Majority Communications Department

GOP Week in Review

6/12/17 – 6/18/17

Columbus Dispatch: The Daily Briefing: Ohio Senate president talks insurance mandates at White House

He was joined by Sen. Steve Wilson, R-Maineville, Rep. Mark Romanchuk, R-Mansfield, and Rea Hederman Jr. of the Buckeye Institute.

Cincinnati Business Courier: Ohio dogs soon may get their day on restaurant patios

I am a huge animal advocate. There is a number of other states and municipalities that allow it. It is all over Europe, Laura Lanese told me on Tuesday. Why not allow restaurants to make the decision for themselves? They know their customers best.

Columbus Underground: New bill would allow dogs on restaurant patios

This legislation gives businesses the freedom to decide for themselves whether or not to allow dogs on their patios, said State Representative Laura Lanese (R-Grove City), who sponsored the bill. It is also a recognition of the importance of animals in our lives. We already have pet-friendly hotels, pet-friendly parks, and pet-friendly events. It is a good opportunity for marketing our state as pet-friendly for tourism purposes as many travelers want to bring their pets along with them while they travel.

WSYX: Lawmakers looking to allow dogs to dine at restaurants

The sponsor of the bill, Rep. Laura Lanese (R - Grove City) said she started working on the bill after hearing from several restaurant owners who had only recently learned they couldn't have dogs on the patio. She said she understands some people won't want to eat with dogs around.

Cleveland Plain Dealer: Ohio budget bill would expand wrongful conviction payouts

Rep. Bill Seitz, the Cincinnati Republican who sponsored the 2003 bill, said the court got it wrong. The legislature always intended procedural errors, regardless of when they occurred in the case, to make someone eligible for compensation.

WDTN: Ohio congressman hailed a hero for helping Scalise after Virginia shooting
“We’re at a time in our country,” Rep. Niraj Antani said. “Where we all just need to take a step back.”

Youngstown Vindicator: As senior population grows, so, too, must commitment to elder-abuse prevention

Three months ago, State Rep. Wes Retherford, R-Hamilton, introduced House Bill 78, popularly known as the Elder Justice Act. It includes reforms to laws governing procedures of the JFS and Adult Protective Services in all 88 counties to better protect seniors from mistreatment.

The Daily Reporter: Lawmaker seeks tax credit to boost local voting

Rep. Steve Hambley, R-Brunswick, sponsor of House Bill 185, cited Ohio’s non-presidential election turnout “40.37 percent” as justification for his bill.

Perry Tribune: Representatives introduce legislation on right to carry for off-duty officers

State Representatives Larry Householder (R-Glenford) and Laura Lanese (R-Grove City) have introduced legislation to protect the right of off-duty peace officers to carry a concealed weapon.

Dayton Daily News: Backers want Ohio Aviation Hall of Fame at future monument site

State Rep. Rick Perales, R-Beavercreek, has introduced a bill establishing a nine-member board to oversee the Hall of Fame and a 2022 deadline for construction.

Daily Advocate: Guest column from Rep. Keith Faber: Old Glory withstands the changes of time

As public servants of this great nation, our loyalty to “Old Glory” is of the utmost importance; we must uphold the values it represents.

Richland Source: Guest column from Rep. Mark Romanchuk: Remembering the significance of the flag

To many, the American flag is the ultimate symbol of the values that our nation was built on—democracy, equality, freedom, and more. Every day, it flies above us, standing strong in the face of the adversities our nation encounters.

Times Reporter: Guest column from Rep. Al Landis: Legislation strengthens our families and communities

An important part of the success of the House Republican Caucus is to have a focused, member-driven policy platform that serves as the guiding principle behind priority

legislation. Earlier this year, our caucus unveiled the Buckeye Pathway, our policy agenda for the 132nd General Assembly.

News Journal: Guest column from Speaker Rosenberger: Wilmington's indeed split-tacular

A banana divided in two, topped with three scoops of ice cream, and finished with chocolate syrup, whipped cream, and a cherry. What could possibly be more delicious on a hot summer day? To us in Wilmington, what makes the banana split so special is that it was originally created right here in 1907.

From: Baker, Dan
Sent: Tuesday, June 20, 2017 2:08 PM
To: GOP_All
Subject: Senate omnibus amendment changes
Attachments: HB 49 OMNI Summary with NO SCs.pdf

Attached is a list of changes contained in the Senate omnibus amendment.

As referenced in the email last week from Rep. Smith's office please let us know if you have concerns over any provisions the Senate has added.

Thanks,

Dan Baker
Budget Director, Ohio House of Representatives
House Majority Caucus

(614)466-2235

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Appropriates \$12.5M per year for Ohio's Tobacco Use Prevention Cessation efforts in line item 440-656. Increases allocation for Moms Quit for Two from \$500K to \$750K per FY and adds \$250K per FY for Baby and Me Tobacco Free program
- Increases the appropriation for the Ohio Parenting and Pregnancy program by \$200K per year
- Adds \$8M GRF to support \$14.2M in non GRF for Appalachian Workforce Assistance 195-403 (DSA) and Appalachian New Economy Workforce Partnership 235-407 (DHE)
- Removes a \$15M per year TANF earmark for child and family protective services and instead funds this with GRF at \$15M per year
- Requires the Director of OBM to transfer any remaining unobligated cash in fund 5RBO (Straight A Fund) to the GRF on January 1, 2018
- Makes a capital appropriation of \$300K each for Providence House and Blessing House helping families in crisis
- Moves the House added earmark for iBELIEVE to a new GRF line item
- Removes the option to appeal a decision of the Board of Tax Appeals directly to the Ohio Supreme Court, limiting those appeals to the court of appeals
- Removes a temporary law provision requiring the PUCO to research certain issues with the electric distribution system
- Increases the existing set-aside for Ohio ProStart school by \$25K per year
- Increases funding by \$2.5M each year for early childhood education efforts through a combination of dollars in GRF 600-535 and GRF 200-408
- Revises provisions related to the Health and Human Services Fund and requires the Director of Medicaid to request a waiver by January 31, 2018 to implement the Healthy Ohio Program
- Reduces GRF appropriation for DAS State Agency Support Services to \$18M in FY 19
- Adds \$125K to support Free Clinic Safety Net Services in the Department of Health
- Revenue neutral movement of funds associated with Accountability and Report Cards, DART grants and an MHA/EDU program to detect opiate addiction in schools, includes the creation of a non GRF line item (200-662) to work in conjunction with 200-439 Accountability/Report Cards
- Clarifies that current law procedures for criminal records background checks apply to persons seeking employment with medical marijuana related businesses
- Removes language requiring an RFP and also making a declaration of intent for the General Assembly with regards to voting machines
- Limits the scope of language that prescribes how school district taxes are levied when certain school districts are consolidated
- Eliminates a provision allowing local workforce development boards to conduct public meetings via teleconference
- Removes the second of two provisions that would have no longer required automobile insurers to send a cancellation notice separate from monthly statements

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Removes the provision related to maximum Medicaid rates for DME. Revises the rate paid for services under the nursing facility alternative purchasing model to 34%. Increases to 1% the amount withheld from Medicaid managed care plans as part of the pay for performance program
- Establishes a procedure for the legislature to review administrative agencies for efficiency
- Limits the ability of the Controlling Board to authorize a significant expenditure if it was not first approved by the legislature
- Codifies an existing rule allowing liquor stores to offer a 10% retail discount on a case of wine, and allows the discount to be applied to purchases of not less than six bottles and not greater than 12 bottles
- Revises the distance of turbine setbacks applied to wind farms, in addition to the setback waiver process, and eliminates application of existing setbacks when amending a certificate
- Allows residents of Ohio's two veterans' homes to play bingo games at those two facilities so long as prizes awarded do not exceed \$100 per prize, or \$500 total for all prizes during a game
- Permits the Director of Agriculture to establish the annual fee for inflatable amusement rides
- Beginning July 1, 2018, this language prohibits new enrollees into Group VIII of the Medicaid program
- Creates civil liability for employers who adopt or enforce a policy prohibiting concealed carry licensees from transporting or storing a firearm or ammunition in the person's privately-owned motor vehicle
- Clarifies language related to the Drug Abuse Response Team replication grant program
- Allows for a new ICF reimbursement methodology that will be based on a future agreement of all ICF provider associations and DODD to be effective during fiscal year 2019
- Eliminates the working group created to review the Assisted Living Program
- Modifies the proposed Tax Amnesty program to limit the applicable taxes to state taxes. Also uses the GRF as the source of the initial promotional costs instead of the BSF and increases the expected financial target of program to the GRF
- Earmarks \$250K (TANF) each year for the Children's Hunger Alliance
- Restores to executive levels the line item for Independent Living Councils
- Requires the Directors of Medicaid and Mental Health to complete several actions related to behavioral health redesign by October 1, 2017. Requires the departments to conduct beta testing for community behavioral health providers before any implementation
- Increases non GRF line Physician UPL in Department of Medicaid by \$15M each year
- Permits full agonist therapies to be provided as part of the addiction treatment program
- Clarifies the Money Follows the Person program can continue without state funding
- Authorizes the conveyance of the Youngstown Developmental Center to the Mahoning County Mental Health and Recovery Board or to an alternate purchaser

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Restores current law with regards to non-institutional providers exceeding Medicare payment limits
- Allows under certain circumstances graduation from the U.S. Air Force or the Allied Health Program to satisfy the pre-licensure education requirements for LPNs
- Requires DODD to convene a stakeholder workgroup to evaluate services provided to individuals with developmental disabilities living in the community
- Allows an existing earmark for specialized docket programs to be used to support administrative expenses for participating courts
- Permits the Board of Pharmacy to impose sanctions against a wholesaler or other distributor of dangerous drugs for making false claims to the public related to controlled substances
- Modifies the Psychotropic Drug Reimbursement program included in the sub bill
- Revises the All Roads Lead to Home Program included in the sub bill
- Requires recipients of funding under the AG's Drug Abuse Response Team replication grant program to submit a report on their outcomes
- Eliminates the proposed creation of the State Physical Health Services Board and instead retains the existing OTPTAT Board but adds to its duties the regulation of orthotics, prosthetics, and pedorthics
- Removes House-added provisions that would have required the Director of Health to administer an expedited review process for the Certificate of Need program
- Increases the existing appropriation for the Chardon school district program in MHA by \$25K per year
- Reappropriates \$2M in GRF (336-504) from FY17 and requires the money to be used for workforce recruitment and retention to support community behavioral health centers
- Allows DODD to provide ICF/IID ventilator care to those over 22 years of age
- Requires the ODMHAS Director to establish a strategy for data collection and sharing by agencies that serve multi-system youth
- Reappropriates \$20K in GRF (440-482) from FY 17 and uses these funds to purchase naloxone
- Authorizes the Director of Medicaid to establish the Care Innovation and Community Improvement Program to assist certain non-profit hospitals affiliated with a state university
- Specifies that driver's education courses should include training on the dangers of driving while using illegal drugs, prescription medication, or alcohol
- Clarifies that a person may file a wrongful imprisonment claim in the county where the criminal proceedings were initiated or in the county where that person resides
- Authorizes the Chancellor of Higher Education to designate Rhodes State a state community college rather than a technical college
- Requires the Chancellor to develop criteria for students at proprietary institutions to transfer credits to a state institution and issue a report

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Eliminates language concerning students receiving college credit for comparable coursework
- Eliminates duplicative reporting requirements within the College Credit Plus program
- Eliminates language exempting apple butter and syrup processors from laws governing food processing establishments
- Provides a school district that is educating a student with special education needs in a residential treatment facility with the option of receiving from the student's district of residence either tuition or an excess cost payment
- Exempts early college high school programs from the requirements of CCP with the approval of the State Superintendent and the Chancellor of DHE
- Increases the maximum amounts for the Cleveland Scholarship program to match the EdChoice Scholarship
- Sets Medicaid payment rates for hospitals for the coming two years at the same rates in existence on January 1, 2017
- Creates two alternative graduation pathways for the Class of 2018 as per recommendations from the State Board of Education
- Restores House language permitting ESCs rated "effective" or higher to sponsor community schools regardless of the school's location
- Restores Early Childhood Education earmark to support early learning and development programs in smaller communities and programs rated three-stars and above under Step Up to Quality
- Adds appropriations to various federal line items in the Department of Medicaid
- Restores language from the As Introduced version creating two new career-technical educator licenses
- Restores language from the As Introduced version regarding distribution of early childhood funding to economically disadvantaged communities and creates an Appalachian region pilot project
- Replaces a school district's three year average property valuation with its most recent tax year valuation in FY18 and FY19 if at least 10% of the district's total taxable value is comprised of public utility TPP and the public utility property has lost at least 10% of its total taxable value from the previous year; and the total taxable value of power plants in the district is at least 10% less than the previous year
- Restores a \$10K transfer each year to the Ohio Legal Aid fund
- Permits a superintendent to allow an employee to fill in temporarily as a substitute educational assistant in cases of illness, leave or emergency provided the employee has started the process to apply for an educational aide permit or paraprofessional license with the State Board of Education and has passed a criminal background check
- Requires the Director of JFS and the Chancellor of DHE to convene a SNAP employment and training program planning committee

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Appropriates \$125K per year non GRF for the Lake and Geauga Counties Manufacturing K-12 Partnership
- Establishes the 1:1 School Facilities Option Program
- Requires ODE to annually recommend to the General Assembly a structure to compensate districts for a percentage of the loss the district experiences when it has a 50% decrease in public utility personal property valuation
- Removes a Senate-added provision that requires the Ohio Peace Officer Training Commission to reimburse for continuing professional training programs
- Removes language requiring DAS to establish a high-deductible health plan
- Requires Controlling Board approval for any state agency contract for the procurement of energy for more than \$50K over a five-year period
- Removes provisions from the sub bill dealing with FCC and the Corrective Action Program
- Makes various reductions to debt service lines in DHE and DAS
- Replaces language exempting automotive shredder residue from classification as solid waste and instead exempts solid waste that the EPA Director approves for use as alternative daily cover from Solid Waste fees
- Removes unitization language from the bill
- Removes language added by the Senate exempting certain specified oil and gas land professionals from the real estate licensing law
- Adds \$100K per year for a Financial Literacy program at the University of Cincinnati
- Reinstates current law governing the Home Energy Assistance Block Grant
- Transfers and appropriates \$250K per year in non GRF line 195-622 to support various defense related workforce efforts
- Authorizes the transfer and appropriation of \$125K in FY 18 from non GRF sources for a STEAM program at the Trumbull County ESC
- Requires the OBM Director to issue reports to the General Assembly every 6 months on discontinued line items that have remaining balances, funds with cash balances but no recent expenditures, funds spending less than 50% of their appropriations, and other unique situations
- Authorizes the use of an electrically powered personal delivery device on sidewalks and crosswalks
- Removes language prohibiting financing of capital improvements by another state or another state entity unless certain requirements were met
- Specifies that an incumbent local exchange carrier that is an eligible telecommunications carrier must implement lifeline telephone service consistent with federal law requirements
- Specifies that power from small hydroelectric facilities is a renewable energy source
- Clarifying language to the provisions of the bill allowing for centralized collection of municipal income taxes
- Adds \$100K per year for FASTER Saves Lives Program

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Adds \$100K per year for Wingspan Care Group and its efforts dealing with children and families
- Requires the State Victims Assistance Advisory Council to provide advice to the Attorney General regarding domestic violence victims program funds instead of creating a separate committee
- Requires the State Vision Professionals Board to include a licensed ophthalmologist as part of any advisory committee that may be appointed
- Transfers and appropriates \$100K per year in non GRF dollars to be used to promote Aerospace efforts in the state
- Increases non GRF line item 090-603 in the Treasurer of State's budget by \$125,468 each year
- Allows the PUCO to consider a utility's credit rating when establishing rates that are to be included in a utility's electric security plan
- Removes all temp law associated with the Healthy Food Financing Initiative
- Ensures coaches and supervisors of interscholastic athletics are required to compete training on an automated external defibrillator (AED)
- Makes clarifying changes to the bill's language treating an individual that owns property in Ohio as a resident for the purposes of obtaining a resident hunting permit
- Adds \$250K per year for the Teach for America Program
- Adds individuals who suffer from a mental illness to the list of those who are exempt from work requirements in the Medicaid program
- Establishes the Patient-Centered Medicaid Managed Care Long-Term Services and Supports Committee to study the inclusion of nursing facility services and home and community-based waiver services into Medicaid managed care
- Removes House provision establishing a \$10.49 pharmacy dispensing fee
- Increases non GRF line 725-677 for Oil and Gas Well Plugging by \$3M per year
- Removes portions of the language related to areawide waste treatment management planning to reflect an agreement between interested parties
- Redirects \$250K of capital money from the Heritage Rail Trail Extension to the Greener Property Recreational Facility in Hilliard
- Modifies a provision exempting electricity used in the chlor-alkali manufacturing process from the kilowatt-hour tax
- Appropriates \$300K in capital money for the Lake Metropolitan Housing Authority Chagrin Riverbank Stabilization Project
- Restores language modifying the types of allowable disbursements under the Ohio Good Funds Law
- Removes language dealing with property tax complaints and appeals
- Removes Senate added language dealing with prison populations and their relation to the collective bargaining law

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- Allows county commissioners to participate in a joint self-insurance pool to comply with oil and gas well liability coverage requirements
- Reinstates language related to an existing sales and use tax exemption for a 2013 computer data center project
- Prohibits an agency whose rule has been invalidated by concurrent resolution from reintroducing that rule during that term of the General Assembly
- Modifies language allowing a Board of County Commissioners that currently levies a 3% lodging tax to increase that tax rate by an additional 1%
- Makes clarifications regarding municipal income tax refunds to reflect what is allowable under current law
- Increases 195-453 by \$25K per year and requires money to be used by Camp Ravenna to help secure federal funding promoting the defense of the United States
- Cleans up sub bill by deleting earmarking language for the Lumos accelerator as money was deleted earlier
- Allows municipalities to provide job creation and retention tax credits to businesses that elect to file with the Tax Commissioner to reflect what is allowable under current law
- Specifies that reimbursements for voting machines are based on the number of registered voters in those counties as of January 1, 2017
- Adds \$100K per year to assist The Ohio State University in hosting the annual Special Olympics
- Authorizes the transfer and appropriation of \$75K in FY 18 from non GRF sources to support an additional welding laboratory at the Trumbull Career and Technical Center
- Allocates \$100K per year for the Healthy Food Financing Initiative
- Adjusts appropriate line items to account for anticipated revenue from Lottery Commission's passage of a June 12th Controlling Board request for MPQK machines
- Allocates \$50K per year to the Healthier Buckeye Grant Program
- Revises the current law restrictions on investments in certain commercial paper to allow counties to invest the same percentage as cities
- Reinstates language allowing the conveyance of state-owned land in Lorain County
- Reinstates a provision of the bill authorizing the conveyance of land in Warren County
- Modifies a provision of the bill that allows community improvements board grants funded by a county sales tax to be used for school district improvements where only part of the school district is inside the county
- OBM Modifies the eLicense transaction fee language included in the original bill to ensure that the various fees to accomplish e-licensing are being deposited and accounted for correctly
- OBM Cleans up sub bill by removing temp law associated with the Pay for Success program since the appropriation was deleted in the sub bill
- OBM Cleans up sub bill by deleting earmarking language for the PLAY Program in Preble County since the money was deleted in the sub bill

Amended Substitute House Bill 49

Senate Finance Committee Summary of OMNI Amendment

- OBM Removes from Executive language a potential redundant \$5 Dental Board financial services fee since DAS will be imposing a \$3.50 fee
- OBM Adjusts the earmarks within the 195-453 Technology Programs and Grants line item to account for House and Senate appropriation adjustments and makes corresponding temp law changes
- OBM Authorizes the Director of the Office of Budget and Management to transfer up to 2% of several non GRF agencies FY 17 appropriations to the GRF
- OBM Cleans up sub bill dealing with cash transfers in EPA. The sub bill adjusted the appropriation level of non GRF 715-681 but did not adjust the underlying transfers to support the appropriation
- OBM Removes changes dealing with the commission percentage of video lottery sales agents and returns to current law
- OBM With regards to the Medicaid Managed Care Quality Payment Fund; eliminates the GRF transfer of \$20M per FY and restores \$20M per FY in the 651-525 line item
- LSC corrective amendment eliminating duplicative language with SB 293 of the 131st General Assembly
- LSC Omnibus technical amendment
- Please see the bill text, LSC analysis, LSC Budget in Detail and LSC COMP doc for more detail

From: Baker, Dan
Sent: Tuesday, June 20, 2017 2:13 PM
To: GOP_All
Subject: Re: Senate omnibus amendment changes

Yes

Sent from my iPhone

On Jun 20, 2017, at 2:08 PM, Baker, Dan <Dan.Baker@ohiohouse.gov> wrote:

Attached is a list of changes contained in the Senate omnibus amendment. As referenced in the email last week from Rep. Smith's office please let us know if you have concerns over any provisions the Senate has added.

Thanks,

Dan Baker

Budget Director, Ohio House of Representatives

House Majority Caucus

(614)466-2235

From: Duffey, Mike

Sent: Friday, June 23, 2017 1:53 PM

To: House_All

Subject: FW: Attorney General's Advisory Group on Student Loan Debt Collection Issues Report

Attachments: SLDAG Report WEB.pdf

Dear Colleagues:

I write to inform you all that the Ohio Attorney General just published the Student Loan Debt Advisory Group report. The report is available through the link below and also attached as a .pdf to this e-mail.

When this advisory group was formed last September, I was asked to serve as the Ohio House member. The Senate member was Sen. Kevin Bacon. We met for approximately six months and also benefited from many presentations, including one from our own House member, Rep. Christina Hagan, as well as various state agencies, the University of Cincinnati, Wittenberg, collections firms and more.

Our advisory group had broad representation (full list in the report), including the Department of Higher Education, The Ohio State University, Miami University, Owens Community College and many more. Our chairman was Dan Sadlier, chairman of the board of directors (retired) at Fifth Third Bank, and current Sinclair Community College trustee.

While there are 22 recommendations in total, I want to highlight three general themes that will likely attract attention. Please note: these are my own highlights, so they do not follow the precise order or specific language used in the report:

1. All Ohio high school students should receive one semester of financial literacy education

Ohio has financial literacy education standards that cover kindergarten through 12th grade. As financial literacy is not a state-tested subject, many schools marginalize financial literacy education. In particular, college debt management is not typically taught.

Our advisory group is recommending high school students be taught the difference in tuition and financial aid among public and private, in-state and out-of-state, and for-profit, proprietary schools. The lesson should cover cost per credit hour; average net tuition and fees, including room and board; average debt upon graduation; and differences in state and federal financial aid.

We also believe students should be provided with information regarding the nature of student loan debt, including a sense for “normal” student debt load (approx. \$29,000 in Ohio currently); that student loan debt is generally non-dischargeable in federal bankruptcy court; how debt affects students later in life; how debt collection occurs; and disclosure of student loan debt-collection fees.

Finally, we felt that it was important for students to have an understanding of “return on investment” by degree, using employment statistics to educate students about the likelihood of employment in a particular sector, salary or wages in that profession, and how that compares to the investment cost to get that education.

2. Institutions of Higher Education should standardize their debt certification and collection practices

Our advisory group discovered that nearly every university and community colleges has “its own way” of certifying debt to the Ohio Attorney General for collection, and there is a great discrepancy in how much of a “grace period” the institution offers, what kind of “late fees” they charge before sending it for collection, how they notify students of past-due debt, etc. This is incredibly important because many students do not realize that when their debt is sent (i.e. certified) to the AG’s office, it immediately attaches to percentage-based fees that range begin around 10-11% and then rise to upwards of 33% or more fairly quickly, based on the “principal amount” certified and, as I will discuss below, sometimes that “principal amount” may include the institution’s own late fees or penalties. It is also important for you to know that tuition is not the only kind of debt that is certified. A college can certify practically anything past due, including library fees, food plans, room and board, etc. If you can somehow get into an account-payable situation (any kind of debt), then it can be sent to the AG for collection with added fees.

3. Institutions of Higher Education should not certify late fees and penalties as principal when student debt is sent to the AG

This was a major focus of mine on the advisory group in addition to the financial literacy focus. We discovered that universities are currently able to charge their own late fees and penalties for various debts and then later, when the debt (including the fees) is sent to the AG for collection, it gets additional percentage fees added on top (10-11% then 18-21% on top of that, etc.) This essentially means that an interest rate penalty is being applied to penalties that already existed, which is a mathematically compounding effect. I think this is unethical and advocated for these fees to be separated from the base principal debt when sent to the AG for collection. This is supported by the AG’s own practice, which is that if a TPV (third party vendor – i.e. a debt collector who works for the AG) fails to collect the debt, they do not get paid anything. The debt is sent to another TPV and that new collector gets the fee. When a university assigns a penalty but doesn’t collect the debt, in my opinion they probably shouldn’t be paid for the debt collection they failed to achieve, and definitely there shouldn’t be a state-level penalty on top of a college penalty.

These are my highlights from this report. There are many other great recommendations. If you would rather talk through this with me over lunch or a brown bag presentation, let me know and I would be happy to schedule a conversation.

Warm regards, MD

Representative Mike Duffey
Ohio House of Representatives, 21st District
77 S. High Street, 13th Floor
Columbus, Ohio 43215
614.644.6030 - Riffe Office
mike.duffey@ohiohouse.gov

From: Ohio Attorney General Mike DeWine [<mailto:OhioAG@public.govdelivery.com>]
Sent: Thursday, June 22, 2017 1:01 PM
To: LeeAnne Cornyn
Subject: Attorney General's Advisory Group on Student Loan Debt Collection Issues Report



FOR IMMEDIATE RELEASE:
June 22, 2017

MEDIA CONTACTS:
Dan Tierney: 614-466-3840
Lisa Peterson: 614-466-3840

Attorney General's Advisory Group on Student Loan Debt Collection Issues Report

(COLUMBUS, Ohio)—Ohio Attorney General Mike DeWine's Advisory Group on Student Loan Debt Collection issued a report of its findings, including the recommendation that late fees and penalties added by colleges and universities should not be assessed interest during debt collection proceedings.

A [copy of the advisory group's report](#) can be found on the [Ohio Attorney General's website](#).

Attorney General DeWine created the external advisory group in September 2016 to examine issues regarding debt collection practices for unpaid student loans at Ohio public colleges and universities, including:

- The uniformity of university policies, fees, and penalties regarding unpaid accounts
- Whether students are being adequately educated regarding all responsibilities when taking student loans
- The university certification process for student debt accounts
- Student debt collection and litigation processes within the Ohio Attorney General's Office

The report makes recommendations regarding collections practices of student loan debt, including:

- Institutions should adopt uniform certification practices
- Institutions should notify students that past-due debts would be transferred to the Attorney General's Office for collection
- Institutions should notify the Attorney General's Office of any atypical debts
- Institutional late fees and penalties should not be included in the calculation of interest and collection costs
- Debtors should receive appropriate notice of collections costs

The report also makes recommendations regarding student education both before and during the process of acquiring student loans, including that all Ohio high school students should receive one semester of financial literacy education.

The advisory group met five times over six months. The advisory group was chaired by Dan Sadlier, Chairman of the Board of Directors (retired) at Fifth Third Bank and member of the Sinclair Community College Board of Trustees. A full listing of advisory group members is available in the [report](#).

-30-



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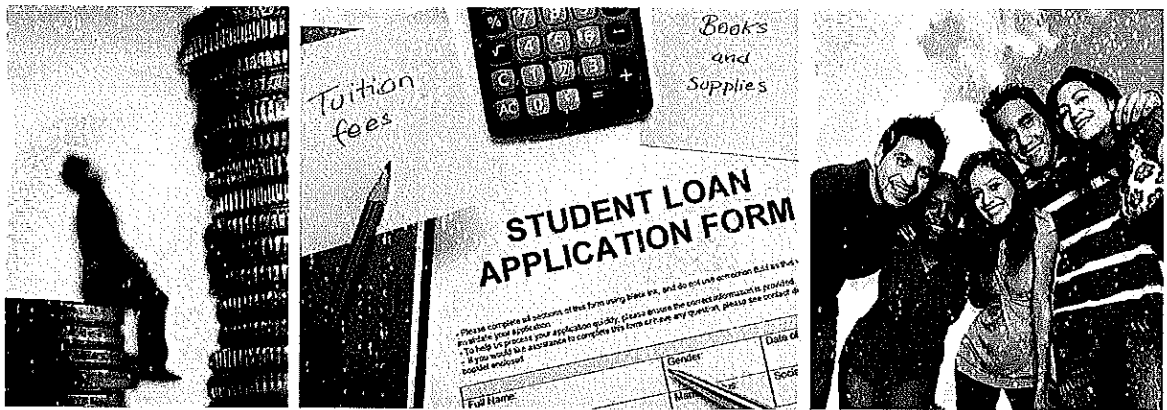
This email was sent to leeanne.cornyn@ohioattorneygeneral.gov using GovDelivery Communications Cloud
on behalf of: Ohio Attorney General · 30 E. Broad St. · Columbus · OH · 43215



 *Protecting Ohio's Families*

Ohio Attorney General's

Student Loan Debt Advisory Group



Report

June 2017



MIKE DEWINE
OHIO ATTORNEY GENERAL



MIKE DeWINE

★ OHIO ATTORNEY GENERAL ★

Dear Ohioans,

Student loans provide many citizens with access to higher education to pursue their dreams of a successful and rewarding career — access they might not otherwise have. Unfortunately, many students leave college with more debt than they can handle. According to the Institute on College Access and Success, almost 70 percent of Ohio college graduates leave school with student loan debt. On average, those graduates owe more than \$30,000.

My office is charged with collecting outstanding state debt, including that of Ohio's public colleges and universities, which can include unpaid tuition and student loans, past-due room and board, and much more. To ensure that citizens who have student debt are treated fairly, I convened the Student Loan Debt Advisory Group composed of legislators, collections experts, and college and university officials to review my office's collection practices. The group also discussed the manner in which Ohio colleges and universities send their outstanding debt to my office for collection, as well as the need for improved financial literacy education. Included within this report are the 22 recommendations crafted by the Student Loan Debt Advisory Group.

Long before a student signs on the dotted line for a student loan, we need to provide financial literacy education that prepares them for this responsibility. To address this need, the advisory group recommended that all Ohio high school students take one semester of financial literacy education, with an emphasis on student loans. As I travel the state and speak with Ohio's young people, I am optimistic that so many want to pursue higher education. However, many do not know how to pay for that education. We need to better equip our high school students with the skills they need to not only succeed academically in college, but also to do so without taking on unnecessary debt. Recognizing this important need, my office created the Student Loan Center on the Ohio Attorney General's website. The center is a one-stop shop for everything a family needs to know to responsibly and successfully fund a college education. The Student Loan Center can be accessed at www.OhioAttorneyGeneral.com/StudentLoans.

The advisory group also recommended that Ohio colleges and universities standardize the way they certify debt to my office. To assist in this, we are consulting with the Ohio Bursars Association, the Inter-University Council, and the Ohio Association of Community Colleges to convene an ongoing working group to establish standardized procedures for debt certification.

I thank all of the members of our Student Loan Debt Advisory Group for the time and expertise they dedicated to this report. My office will continue to improve our collection practices and work with our educational institutions to better serve Ohioans.

Very respectfully yours,

A handwritten signature in cursive script that reads "Mike DeWine".

Mike DeWine
Ohio Attorney General

Table of Contents

Student Loan Debt Advisory Group Members	3
Introduction	4
Executive Summary	6
Financial Literacy Education Recommendations	9
Institutional Debt Certification Recommendations	13
Collection Practices Recommendations	15
General Recommendations	19
Appendices	20
Appendix A: Financial Literacy Resources	20
Appendix B: Sample Financial Responsibility Agreements	21
Appendix C: Student Loan Initiative Best Practices Advisory Sheet	30
Appendix D: National Association of College and University Business Officers Best Practices of Financial Responsibility Agreements with Students	33
Appendix E: Sample Institutional Collection Letters	42

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Introduction

In the spring of 2012, outstanding student loan debt in the United States surpassed \$1 trillion. Today, 42 million Americans¹ owe more than \$1.3 trillion in outstanding student loan debt.² More than half a million Americans are in default on their student loans,³ including more than 30,000 Ohioans.⁴

Ohio ranks among the most debt-burdened states for student loans. According to the Institute for College Access and Success, 66 percent of Ohio graduates leave college with student loan debt, ranking Ohio eighth in the nation for proportion of college graduates with student debt.⁵ Ohio graduates leave college with an average of \$30,239 in student loan debt. Not only do Ohio graduates have more debt than the graduates from most other states, but Ohioans also default on their student loans at a higher rate than the national average. In fact, 30,573 Ohioans, or 13.6 percent of borrowers, are in default on their student loans, compared with 11.3 percent nationally.⁶

For Ohioans who owe Federal Perkins Loans,⁷ tuition and fees, or institutional loans, their debt may be collected by the Ohio Attorney General's Office (AGO). The AGO is charged with collecting state debt, including that of Ohio's public colleges and universities, such as institutional loans, tuition, fees, accounts receivable, and Perkins Loans. While institutions of higher education are initially responsible for collecting their own student debt, once that debt becomes due, Ohio law requires it be certified to the AGO for collection either 45 days after the amount is due or within 10 days after the start of the next academic session, whichever is later.⁸

The Attorney General has the authority to hire third-party vendors and special counsel to assist with the collection of state and local debt. The Attorney General shall pay for these services "from funds collected by them in an amount approved by the Attorney General," according to Ohio Revised Code (ORC) Section 109.08.

Collecting student debt can be a costly process. It involves using skip-tracing and other means to attempt to locate debtors, mailing collection letters, making calls, producing and sharing documents, verifying loans, communicating with state institutions of higher education ("institutions"), and, possibly, taking debtors to court.

¹ U.S. Department of Education, "Federal Student Loan Portfolio: Federal Student Aid Portfolio Summary," 2017, available at <https://studentaid.ed.gov/sa/about/data-center/student/portfolio>.

² Board of Governors of the Federal Reserve System, "Financial Accounts of the United States," March 9, 2017, available at <https://www.federalreserve.gov/RELEASES/z1/Current/z1.pdf>, pg. 129.

³ U.S. Department of Education, "FY2013 Official 3-Year National Cohort Default Rates," 2016, available at <https://ifap.ed.gov/eannouncements/attachments/2016OfficialFY2013CDRBriefing.pdf>.

⁴ U.S. Department of Education, "FY 2013 3-Year Official Cohort Default Rates by State/Territory," Aug. 6, 2016, Available at <https://www2.ed.gov/offices/OSFAP/defaultmanagement/staterates.pdf>.

⁵ The Institute for College Access and Success, "Project on Student Debt: State by State Data," 2016, available at <http://ticas.org/posd/map-state-data>.

⁶ U.S. Department of Education, "FY 2013 3-Year Official Cohort Default Rates by State/Territory," Aug. 6, 2016, Available at <https://www2.ed.gov/offices/OSFAP/defaultmanagement/staterates.pdf>.

⁷ Federal Perkins Loans are low-interest federal student loans for undergraduate and graduate students who demonstrate exceptional financial need. Perkins Loans have an interest rate of 5 percent and are issued by the Institution of higher education. More information on Federal Perkins Loans is available through the Federal Student Aid website, <https://studentaid.ed.gov/sa/types/loans/perkins>.

⁸ ORC 131.02, ORC 109.08, and ORC 109.081.

To ensure that these costs are paid by the debtor and not passed off to other citizens, the Ohio Revised Code permits the Attorney General to assess and recover costs from the indebted party.⁹ The Attorney General's Office and the state's institutions of higher education regularly work with students to find options to pay their debt, such as payment plans.¹⁰

In September 2016, Ohio Attorney General Mike DeWine convened the Student Loan Debt Advisory Group. The group was charged with examining:

- The uniformity of university policies, fees, and penalties regarding unpaid student accounts.
- Whether students are being adequately educated regarding all responsibilities when taking student loans.
- The university certification process for student debt accounts.
- Student loan debt collection strategies within the Ohio Attorney General's Office.

The group convened five times over the course of six months. During their meetings, group members heard presentations from the Ohio Attorney General's Office staff, college and university officials, legislators, special counsel, third-party vendors, and others. Each presenter provided group members with an in-depth look at student loan debt, based on his or her area of expertise. Advisory group members also surveyed public colleges and universities on their student debt collection policies, including fees, collection costs, and other amounts assessed on outstanding student debt.

Based on the information presented, the 17 members of the Student Loan Debt Advisory Group made the following 22 recommendations for the Attorney General's collection practices; college and university policies and certification practices; and student financial literacy education.

⁹ ORC 109.081.

¹⁰ ORC 131.02(E).

Executive Summary

The members of the Ohio Attorney General's Student Loan Debt Advisory Group made 22 recommendations covering three topic areas: financial literacy education, institutional debt certification policies, and collection practices.

1. **All Ohio high school students should receive one semester of financial literacy education.** Ohio has financial literacy education standards that cover kindergarten through 12th grade. As financial literacy is not a state-tested subject, many schools marginalize financial literacy education. For this reason, education on the principles of college debt management is especially limited across the state. The AGO and institutions should support the adoption of legislation that requires all high school students to receive one semester of financial literacy education as a stand-alone course or within another class.
2. **High school seniors should be encouraged to complete the Free Application for Federal Student Aid (FAFSA).** To reach our full potential as a state and to meet future workforce needs, more young people need to earn technical certifications, and associate's and bachelor's degrees. The state can increase enrollment in higher education institutions by requiring completion of the FAFSA. States that have mandated FAFSA submissions have seen increases in higher education enrollment. Furthermore, by showing low-income students that a higher education is financially viable, we can encourage greater college enrollments and close the achievement gap.
3. **Institutions should encourage student financial responsibility.** Each year, students elect to use, or not use, federal student loans to pay for college. This is often done through an institution's online student portal. Where permissible under federal law, institutions should make it clear that a student does not have to accept the entire loan amount offered as part of the financial aid package. Institutions should build this capacity into the student portal.
4. **Ohio colleges and universities should adopt best practices for student financial literacy.** The Ohio Attorney General's Office surveyed financial literacy initiatives at Ohio's institutions and created a best practices advisory sheet. Institutions should adopt these best practices, where feasible, to ensure that all students understand their loan debt obligations upon graduation or withdrawal. This would supplement K-12 financial literacy efforts.
5. **Institutions should obtain express prior consent from students to contact them by any communication method, including artificial recorded voice technology systems.** State and federal laws prohibit debt collectors from contacting debtors through certain methods of communication without the debtor's consent. Institutions should request express prior consent from students to allow institutions and third parties that collect debts on behalf of institutions to contact students using the most effective forms of communication, including text messages and email. Because recent graduates frequently change addresses and do not commonly maintain a landline, cellular communication is critical to ensuring that debtors are aware of their debt and understand the ways in which they can pay, forbear, or, in limited circumstances, have their debt forgiven.
6. **The Attorney General's Office should make additional student loan resources available to students, educators, and school administrators.** The AGO has developed a Student Loan Center on its website. The AGO should provide information on the Student Loan Center about its student debt collection practices. The AGO should also better advertise the site and the free resources it offers to students and schools, including its partnership with the Ohio Association of Student Financial Aid Administrators to provide free financial aid presentations to schools. The AGO should work with the Ohio Department of Education and the Ohio Department of Higher Education to ensure that all students receive comparable, high-quality information, regardless of which agency's site they visit.
7. **Institutions should adopt uniform certification practices.** The Attorney General's Office should work with institutions of higher education to ensure that they adopt uniform standards for

fees and penalties and certification practices for all student debt that is to be collected by the AGO.

8. **Institutions should notify the Attorney General's Office of any atypical debts.** The AGO and institutions should develop a system for institutions to alert the AGO, upon certification, of accounts that are outside of an institution's typical business or certification practices (such as accounts that are inherited from another institution). This will allow AGO staff to screen and specially handle atypical accounts.
9. **Institutions should notify students that past-due debts will be transferred to the Attorney General's Office.** Institutions should modify their collection letters to notify all recipients that past-due debt will be placed with the AGO. Institutions should also alert students to increased collection costs once their debt is certified to the AGO.
10. **The Attorney General's Office should develop multiple client identification codes.** The AGO should work with institutions to use identification codes for each of the debt types that are certified to the AGO. The codes would allow the AGO to differentiate between types of debt upon certification and allow institutions to better reconcile debt once it is collected.
11. **The Attorney General's Office should work with institutions to develop an improved system for document sharing.** The AGO and institutions should work together to develop a more complete document sharing system to ensure the efficient imaging and sharing of documents among the AGO, institutions, third-party vendors, and special counsel.
12. **When possible, all of an individual's student debts should be consolidated into a single packet of accounts, serviced by one collection agency.** The AGO should make every effort to combine all of an individual's student debt obligations into a single consumer packet. Efforts should be made to ensure that students do not receive duplicate letters or phone calls from multiple collectors.
13. **Institutional late fees and penalties should not be included in the calculation of interest and collection costs.** Many institutions assess their own internal late fees and/or interest to past-due debts. It is recommended that any late fees or penalties that are certified to the AGO should be separated from principal and should not be included for purposes of the interest and collection costs calculation. These fees and interest should not accrue additional interest or collection costs while held by the AGO.
14. **Debtors should receive appropriate notice of collection costs.** The AGO should modify its collection letters to provide clear notice to all student debtors that collection costs will increase with third-party vendors and special counsel collection efforts.
15. **Institutions should provide student debtors with opportunities for settlement.** The AGO and institutions should work to explore and encourage options for the settlement of accounts.
16. **A continuous quality improvement model should be adopted for debt collection timelines.** The AGO should continue to periodically review its debt collection timelines, including the number of days that a debt account is assigned to third-party vendors and special counsel.
17. **The Attorney General's Office should research innovative practices for debt collection.** The AGO should scan the national collection landscape to determine best practices that can be employed in Ohio.
18. **Customer service should be a permanent part of the request for qualifications process.** For years, the AGO has used customer service in its special counsel and third-party vendor selection process. The consideration of customer service as a factor during the AGO review process for selection of both should permanently remain in the request for qualifications.
19. **The Attorney General's Office should continue to conduct regular performance reviews of third-party vendors and special counsel.** The AGO should conduct performance reviews of all third-party vendors and special counsel to ensure that they consistently follow the collection standards prescribed by the AGO.
20. **The Attorney General's Office should review its collection efforts for returned, archived, and uncollectable accounts.** The AGO should review its practices and treatment of accounts that

have completed the standard collection process and been returned to the AGO. A review of practices for the hardest to collect debt will ensure the most efficient disposition of these accounts.

21. The Attorney General's Office should produce reports on its student debt portfolio. The reports should include the number of portfolios, number of accounts for various types of debt, and total debt amount.

22. The Attorney General's Office and Ohio's higher education institutions should continue to collaborate with interested parties. The AGO, colleges, and universities should continue efforts to collaborate with interested organizations to promote the use of best practices for student debt collection statewide. This may include the continuation of an advisory body, in some form, after initial recommendations have been implemented.

Financial Literacy Education Recommendations

The Ohio Department of Education has established financial literacy education standards for kindergarten through high school. As financial literacy is not a state-tested subject, many schools marginalize financial literacy education to focus on core subjects. Accordingly, many Ohio students receive little or no financial literacy education during their academic careers. Members of the Student Loan Debt Advisory Group believe that the following recommendations are necessary to ensure that students understand the consequences and responsibilities associated with taking student loans before they sign on the dotted line. Furthermore, advisory group members believe the following recommendations are imperative to ensuring that students understand their repayment options after leaving college.

1. All Ohio high school students should receive one semester of financial literacy education.

Currently, Ohio law requires students to receive financial literacy education from kindergarten through 12th grade. However, because financial literacy is not a tested subject, many schools omit financial literacy education from their course offerings in order to focus more time on core subjects, such as math, science, social studies, and language arts. The AGO and institutions should support the adoption of legislation that requires all high school students to receive one semester of financial literacy education, which needs to include:

- The difference in tuition structure and financial aid options among public and private, in-state and out-of-state, and for-profit, proprietary schools. The lesson should cover cost per credit hour; average net tuition and fees, including room and board; average debt upon graduation; and differences in state and federal financial aid.
- Information regarding the nature of student loan debt, including an understanding of the current average national and state debt load; that student loan debt is generally nondischargeable in federal bankruptcy court; how debt affects students later in life; how debt collection occurs; and disclosure of student loan and debt-collection fee structures.
- An understanding of “return on investment” by degree, using employment statistics to educate students about the likelihood of employment in a particular sector, salary or wages in that profession, and how that compares to the investment cost.

The advisory group believes that changes in the student debt-collection process will not have a significant effect without bolstering consumer education. Accordingly, the advisory group strongly supports legislation to require financial literacy education to high school students.

Institutions of higher education cannot bear the entire responsibility of educating students on the importance of financial accountability. By the time students arrive on campus, they have already accepted the responsibilities and obligations that accompany student loan debt, even if they do not understand the obligations. Financial literacy education must begin before a student signs on the dotted line.

The advisory group included two college students, who offered the perspective of their peers. According to the group's student members, little counseling is provided on responsibly financing higher education. As a result, young people do not meaningfully consider this when choosing an institution of higher education. Rather, many students simply sign the required documentation or mindlessly click through Web-based entrance counseling required by the

federal government. Some students rely on their parents to fill out the forms, but parents themselves may not fully comprehend the financial documentation.

The advisory group believes that Ohio students will benefit from the proposed in-depth financial literacy curriculum. The Ohio Department of Education's Ohio Learning Standards Revision Advisory Committee for Financial Literacy is reviewing and revising Ohio's financial literacy learning standards. For schools looking to implement Ohio's financial literacy standards, free resources are available. A resource list is provided in Appendix A.

In order to create fiscally responsible students who understand the risks and benefits associated with student loans, greater emphasis must be placed on financial literacy education, including requiring an appropriate course for all Ohio high school students.

2. High school seniors should be encouraged to complete the Free Application for Federal Student Aid (FAFSA).

The advisory group recognizes that not all high school graduates seek to enroll in higher education. The advisory group, however, wants to ensure that misconceptions about the cost of higher education do not prevent students from attending institutions of higher education. Completing the FAFSA is the first step to determining whether higher education is a financial fit for a student. By completing the application, students are able to determine the out-of-pocket costs more accurately and make better-informed decisions on the cost of enrolling at a particular institution. Often, students who are otherwise eligible miss out on the benefits of particular grants, loans, and other financial aid because they fail to submit a FAFSA before the deadline.

To reach our full potential as a state and to meet future workforce needs, more young people need to earn technical certifications, and associate's and bachelor's degrees. The state can encourage increased enrollment in higher education institutions by requiring completion of the FAFSA. States that have mandated FAFSA submissions to graduate high school or receive certain scholarships have seen increases in higher education enrollment.¹¹ Furthermore, by showing low-income students that a higher education is financially viable, we can keep encouraging greater college enrollments and close the achievement gap.

To help accomplish this goal, the AGO should continue to work with the Ohio Association of Student Financial Aid Administrators, which offers presentations at high schools throughout the state on how to complete a FAFSA. Anyone can request a presentation through the AGO Student Loan Center webpage. In addition, Ohio institutions should continue to offer presentations and guidance to local school districts on financial aid education.

¹¹ Louisiana mandates that all high school seniors must complete one of three pathways to receive their diploma. One of the pathways includes submitting the FAFSA. This mandate goes into effect with the Louisiana graduating class of 2018. Louisiana's legislation is available at: [http://www.boarddocs.com/la/bese/Board.nsf/files/A4FK7U507910/\\$file/AGII_5.3_B741_FAFSA_Dec_2015.pdf](http://www.boarddocs.com/la/bese/Board.nsf/files/A4FK7U507910/$file/AGII_5.3_B741_FAFSA_Dec_2015.pdf). Other states, like Tennessee, that implemented "Promise" programs providing last dollar scholarships for students to attend 2-year colleges, require that students complete the FAFSA in order to qualify (<http://tnpromise.gov/parents.shtml>). Tennessee, as a result, has seen an increase in the number of students enrolling in institutions of higher education (<http://www.tennessean.com/story/news/education/2015/09/11/college-enrollment-jumps-under-tn-promise/72096194/>).

3. Institutions should encourage student financial responsibility.

Each year, students accept or reject their student aid packages, which may include federal student loans. The process is often completed through an institution's online student portal. While institutions cannot create barriers to accepting federal financial aid, the advisory group recommends that institutions require students to review and sign a financial responsibility waiver in order to register for classes. The act of signing the agreement will serve to remind the student of the significance of borrowing student loans for that semester. Sample agreements are available in Appendix B.

Additionally, institutions should make it clear that a student does not have to accept the entire amount of student loans offered and may instead elect a lesser amount. Often, students are not aware that accepting a lesser amount is an option. Moreover, students might accept the full amount offered under the misbelief that doing so is necessary for covering course enrollment and other cost-of-attendance expenses.

Although the frequency by which institutions can require loan counselling is restricted by federal regulations, institutions should develop creative ways within the legal boundaries to encourage students to accept lesser amounts, if fiscally feasible. The encouragement could be accomplished using creative design features within the student portal approval system, or into any other method used by the institution for obtaining student financial aid award acceptance.

4. Ohio colleges and universities should adopt best practices for student financial literacy.

The Ohio Attorney General's Office surveyed Ohio institutions' student financial literacy initiatives and created a best-practices advisory sheet in 2014, which is available in Appendix C. The advisory group considered these identified best practices and observed presentations on the effectiveness of these programs. One example is The Ohio State University's Scarlet and Gray Financial program, a peer-to-peer coaching program, where trained students work with their peers on making smart financial decisions, including student loan repayment.

In addition to the Attorney General's Office's best practices for student financial literacy education, the group advises:

- The designation of college or university staff to provide default-prevention counseling to students at highest risk of default.
- All new students, both freshman and incoming transfer students, be provided with the institution's debt collection policy, including the role of the AGO in the collection of state debt.
- Regular evaluations of the success of financial literacy initiatives and outreach to ensure that all programs are meeting the needs of the student body.

The advisory group also recognized that some institutions lack the resources to pay for all of the recommended best practices. Institutions should, where possible, adopt these best practices to ensure that all students understand their student loan debt obligations upon graduation or withdrawal from the institution.

5. Institutions should obtain express prior consent from students to contact them by any available communication method, specifically artificial recorded voice technology systems.

State and federal laws prohibit debt collectors from contacting debtors through certain methods of communication without the debtor's consent. Because recent graduates tend to move frequently and do not commonly maintain a landline, cellular and other electronic methods of communication are critical to ensuring that debtors are aware of their debt and understand the ways in which they can pay, forbear, or have their debt forgiven. Often establishing early communication with the debtor is critical to ensuring collection.

In recognition of these barriers to establish contact with student debtors, especially once the student has left the institution, institutions should obtain express prior consent from students to be maintained by the institution. This express consent should permit institutions and subsequent third-party vendors or special counsel that collect student debt to contact student debtors using the most effective form of communication — including text and email.

6. The Attorney General's Office should make additional student loan resources available to students, educators, and school administrators.

The AGO's Student Loan Center contains information and links to resources to help educate Ohioans on student loan processes and repayment before, during, and after college.¹² The website also hosts two free tools, including a budget calculator and a student loan repayment calculator.

The AGO should provide additional information on the Student Loan Center about the student debt collection process. The AGO should better advertise the site and the free resources it offers to students and schools, including its partnership with the Ohio Association of Student Financial Aid Administrators to provide free financial aid presentations to school districts. The AGO should work with the Ohio Department of Education and the Ohio Department of Higher Education to ensure that all students receive comparable, high-quality information, regardless of which agency's site they visit.

¹² The Ohio Attorney General's Student Loan Center is available at <http://www.OhioAttorneyGeneral.gov/StudentLoans>.

Institutional Debt Certification Recommendations

ORC 131.02 requires state institutions of higher education to certify their outstanding debt to the Attorney General's Office (AGO) for collection either 45 days after the amount is due or within 10 days after the start of the next academic session, whichever is later. However, colleges and universities certify their outstanding debt pursuant to varying policies and practices. To ensure that all Ohio students are treated fairly and uniformly, the Student Loan Debt Advisory Group members believe that colleges and universities should adopt uniform certification practices that emphasize transparency for both debtors and the AGO.

7. Institutions should adopt uniform certification practices.

The Attorney General's Office should work with institutions of higher education to ensure that they adopt uniform standards for fees, penalties, and certification practices for all student debt that is to be collected by the AGO. The advisory group believes that institutions are best suited to develop uniform practices. Accordingly, the advisory group recommends the Ohio Bursars Association, in partnership with the Ohio Association of Community Colleges and the Inter-University Council, facilitate this effort. The AGO should provide support and guidance to these groups where needed.

Specifically, institutions should develop uniform practices for collecting debt with attention to the type, content, and frequency of notices issued to students; and the fees and other collection costs applied to student debts. Because not all institutions are alike, special consideration should be given to the use of tiers or strategic grouping of institutions when developing uniform certification practices. For example, two-year institutions may not offer institutional loans, whereas four-year institutions often do. Therefore a different set of practices may be required for two-year institutions than for four-year institutions.

Best practices may include the National Association of College and University Business Officers Best Practices of Financial Responsibility Agreements with Students, which is available in Appendix D. However, any resources relied upon must be modified to accommodate institutional needs and to ensure compliance with Ohio laws.

8. Institutions should notify the Attorney General's Office of any atypical debts.

The AGO and institutions should develop a system for institutions to alert the AGO to the certification of accounts that are outside of an institution's typical business or certification practices, such as accounts that are inherited from another institution or old debt. This will allow AGO staff to screen and specially handle atypical accounts.

Currently, institutions certify accounts electronically. Each account is automatically processed and downloaded. The large quantity of accounts that are certified make it impossible to have each reviewed by staff to determine whether one is atypical. Therefore, creating a system by which institutions must alert the AGO of atypical debt certifications would put the AGO on notice to expect such accounts. This would assist the AGO in early detection of debts that may need more immediate attention.

9. Institutions should notify students that past-due debts will be transferred to the Attorney General's Office.

Institutions should modify their collection letters to specifically notify recipients that past-due debt will be placed with the AGO. Institutions should also alert students to the fact that collection costs will increase once their debt is certified to the AGO.

Institutions can easily incorporate specific language into the notice letters sent to student debtors. In fact, many institutions already provide the notice. Providing debtors with information on increased costs will increase transparency in the collection process and may increase student debtor response rates and collection efforts. For examples of these statements, see Appendix E.

10. The Attorney General's Office should develop multiple client identification codes.

The AGO should work with each institution to use separate identification codes for different types of debt that are certified by the institution to the AGO. The unique coding system will allow the AGO to differentiate between types of debt, upon certification by institution, and will allow institutions to better reconcile a debt once payment is received. Some institutions already use unique codes to signify debt types — Perkins loan vs. institutional loan vs. accounts receivable — and find it beneficial for reconciliation and record management. Also, categorizing types of debt ensures that debt is collected appropriately and that any fees and collection costs are accurately assessed.

11. The Attorney General's Office should work with institutions to develop an improved system for document sharing.

The AGO and institutions should work together to develop a more complete system to ensure the efficient imaging and sharing of documents among the AGO, institutions, third-party vendors, and special counsel.

Currently, when institutions certify debts to the AGO, they do not provide all supporting documentation of student debt records. However, certain supporting debt documents are useful and necessary for collection purposes.

In order to streamline the process, it would be most efficient for institutions to provide the documentation to the AGO via an information sharing system. Then, the AGO can provide the documentation, as needed, to third-party vendors or special counsel. The system would eliminate duplicative efforts to provide each third-party vendor or special counsel with the same information.

Collection Practices Recommendations

The Attorney General convened the Student Loan Debt Advisory Group to ensure that students with debt certified to the Attorney General's Office are treated fairly and consistently. In order to best serve these students, the Student Loan Debt Advisory Group recommended that the AGO continue to focus on customer satisfaction — from improved communication and transparency, to monitoring of outside collection firms, to removing some late fees from interest accrual, as permitted by law.

12. When possible, all of an individual's student debts should be consolidated into a single packet of accounts, serviced by one collection agency.

The AGO should make every effort to combine an individual's student debt obligations. Consolidating an individual's debt will streamline the collection efforts and help ensure that individuals do not receive duplicative letters or multiple phone calls regarding different accounts from different collectors.

For example, if Institution A and Institution B have outstanding student debt from Student Z, and each institution certifies the debt to the AGO for collection, both Institution A's and Institution B's debt would be consolidated with one third-party vendor or special counsel for Student Z. Collection efforts can then be made by a single collector for all debts owed by Student Z.

13. Institutional late fees and penalties should not be included in the calculation of interest and collection costs.

The advisory group surveyed more than a dozen public colleges and universities in Ohio on their student loan debt certification practices. Institutions apply a variety of late fees, collection costs, interest rates, and other penalties to outstanding student debt. Members of the advisory group recommend that institutions establish uniform procedures for fee and penalty assessment on outstanding student debt. (See recommendation No. 7.)

Additionally, advisory group members recommend that any late fees or penalties that are certified to the AGO be separated from principal and not be included in the interest and collection costs calculation.

14. Debtors should receive appropriate notice of collection costs.

Currently, the Collections Enforcement Section of the Ohio Attorney General's Office sends a series of collection letters informing debtors of the fact that their debt has been certified to the AGO for collection and that they should contact the office to discuss payment.

The advisory group recommends that the AGO modify its collection letters to provide notice to student debtors that collection costs and interest will be added and will continue to increase when the account is forwarded to third-party vendors and special counsel for collection, should they not pay their debt or enter into payment arrangements. Providing the additional information will allow students to make better informed decisions regarding payment.

15. Institutions should provide student debtors with opportunities for settlement.

Historically, some institutions have not permitted the option of settlement of outstanding student debt for anything less than the full amount owed. Providing settlement options,

however, can be a valuable tool. Institutions should work with the AGO to explore options for the settlement of accounts, when appropriate and as permitted by law.

16. A continuous quality improvement model should be adopted for debt collection timelines.

The AGO sends delinquent accounts to both third-party vendors and special counsel to help with the collection of outstanding student debt. After the AGO attempts to collect the debt for 120 days, it sends the accounts to a third-party vendor.¹³ If that vendor does not successfully collect the debt within 270 days, then the debt transfers to another third-party vendor for 270 additional days.

If neither third-party vendor is able to collect the outstanding student debt, the debt is then transferred to a special counsel, which is a specialized debt-collection law firm appointed by the AGO. Special counsel is able to use a variety of legal collection strategies, such as obtaining a judgment from a court to garnish wages or other legal methods to recover the funds. If that special counsel is also unsuccessful, the debt is transferred to a second special counsel for a last attempt at collection.

Should an outstanding student debt complete the cycle without being successfully collected, the debt is returned to the AGO. The AGO either continues to collect or writes off the debt at the request of the institution and places it in the archive database until it can be legally written off.

The AGO has identified 270 days as the ideal time frame for debt to be held and worked by outside debt collectors. During that period, collection agencies and firms can locate a debtor and make contact with the person regarding repayment options. That time frame also ensures that debtors are not contacted by numerous collection agencies within a short period of time, which confuses consumers and complicates collection efforts. The AGO should continue to periodically review its debt-collection timelines, including the number of days that a debt account is assigned to a third-party vendor and special counsel, to ensure that the timeline maximizes collectability and ensures fairness to debtors.

17. The Attorney General's Office should research innovative practices for debt collection.

The AGO should regularly look nationally in both the public and private sectors to identify innovative ways to collect debt that comply with state law and meet the needs of institutions of higher education.

18. Customer service should be a permanent part of the request for qualifications process.

For many years, the AGO has used customer service as part of its selection criteria in its request for qualifications for third-party vendors and special counsel. The current request for qualifications requires that all outside debt collectors possess a customer service policy that complies with the following contract provision:

- "Special counsel and third-party vendors must conduct business in a manner that supports the Attorney General's goal of providing fair and equitable treatment to debtors. At a minimum, fair and equitable treatment means debt collection activities

¹³ Note that federal Perkins loans are not worked by the AGO, but immediately forwarded to third-party vendors who specialize in the consolidation process.

will be conducted without harassing or verbally abusing debtors or compromising debtor rights. ... The Attorney General expects special counsel and third-party vendors will not permit or tolerate any collection actions or activities that demonstrate anything less than complete respect for the rights and reasonable expectations of the public. ... Special counsel and third-party vendors shall file and maintain with the director of external collections a written policy regarding customer service for his/her staff and personnel."

The advisory group agrees that customer service and debtor treatment must continue to be an important part of the selection process.

19. The Attorney General's Office should continue to conduct regular performance reviews of third-party vendors and special counsel.

The advisory group recommends that the AGO conduct regular performance reviews of all third-party vendors and special counsel to ensure that they consistently follow the collection standards prescribed by the AGO.

The AGO has an established set of rules to be followed by all outside debt collectors. The AGO sets expectations as to the number of letters, calls, and other debtor communications a debt collector must employ before pursuing of legal remedies. In addition, special counsel must receive permission from the AGO prior to pursuing extraordinary remedies. "Extraordinary remedies" include anything that deviates from the typical collection practice. This includes, but is not limited to, actions intended to result in the issuance of capias warrants, actions that are intended to result in the suspension of the operations of any Ohio businesses, or the initiations of foreclosure actions.

To augment the AGO's current performance review process and to ensure that outside debt collectors are providing debtors with "timely and effective client service," the advisory group recommends the implementation of random call screening. To accomplish this, the AGO should request that third-party vendors and special counsel record their calls. The AGO should periodically review the collection calls of outside debt collectors. Monitoring calls is a good way to ensure high-quality customer service. Should a debt collector not provide the high quality of service that the Attorney General expects, the AGO should work with the third-party vendors or special counsel to ensure that the collector's call center professionals are appropriately trained and, if need be, counseled. Should the debt collector fail to improve, the AGO should take appropriate action, up to and including termination or nonrenewal of its contract with that third-party vendor or special counsel.

The advisory group also recommends that the AGO research and consider, as part of its request for qualifications process, the use of innovative collection techniques and technology. For example, a number of third-party vendors use voice analytics systems. The systems automatically detect unfriendly words in phone conversations. The use, sharing, and review of such data by the third-party vendor would allow the AGO to more fully investigate any potential complaints.

20. The Attorney General's Office should review its collection efforts for returned, archived, and uncollectable accounts.

Any debt that completes the cycle of internal and external collection, is returned to the AGO so a course of action can be decided. (See recommendation No. 16.) Most of the time, the debt is uncollectable and therefore should be designated as such by the institution that certified the debt. If designated as uncollectable, the AGO will put the debt into the archive database where it will sit until it is able to be written off, per the AGO's agreement with the institution. If, however, the institution does not designate the account as uncollectable, the AGO will maintain the account in its active database and perform "soft" collection efforts. These efforts include sending quarterly debt collection letters. In addition, by maintaining the account in the active database, the account is eligible to be offset by collecting the debtor's tax refund, and lottery or racino winnings. A continued review of practices for the hardest-to-collect debt will ensure the most efficient disposition of these accounts.

General Recommendations

The Student Loan Debt Advisory Group believes that the Attorney General's Office (AGO) should provide the public with regular reports on its student debt portfolio, as well as improve its collaboration with other interested parties. These practices will help educate students, their families, and the public on the AGO's debt-collection efforts on behalf of Ohio's public institutions and ensure strategic efforts to establish and disseminate best practices.

21. The Attorney General's Office should produce reports on its student debt portfolio.

The advisory group recommends that the AGO produce reports on its student debt-collection efforts, including the number of portfolios, number of accounts for various types of debt, and total debt amount.

Currently, the AGO is able to produce reports on its Perkins loan collection efforts. Reporting, however, is more challenging for institutional loans and tuition and academic fees, as each institution codes the debts differently. Based on the client codes used by each institution, tuition and fees may be coded the same as parking tickets, past due library fees, and other charges. To clarify what debt institutions are certifying to the AGO for collection, the advisory group recommends that the AGO work with institutions to develop client identification codes so that reports are easier to generate and share with the public. (See recommendation No. 10.)

22. The Attorney General's Office and Ohio's higher education Institutions should continue to collaborate with interested parties.

The AGO has worked with institutions of higher education to develop best practices for educating students on their student debt obligations. To better disseminate this information, the AGO should continue efforts to collaborate with interested organizations. Not only will the organizations be able to promote the use of best practices for student debt collection statewide, they will also ensure that the AGO is aware of new and promising practices in financial literacy education. Sample partner organizations:

- The Ohio Association of Student Financial Aid Administrators
- The Ohio Bursars Association
- The Ohio Association of College and University Business Officers

The AGO should work with those organizations, and others, to present best practices at their member conferences and possibly host a statewide meeting on best practices in financial literacy education. The AGO or another agency may continue the Student Loan Debt Advisory Group, in some form, after initial recommendations have been implemented.

Appendix A Financial Literacy Resources

The Student Loan Debt Advisory Group Subcommittee on Financial Literacy Education heard from numerous individuals on financial literacy programs for both K-12 and higher education systems. Below is a listing of free resources that educators can use to implement financial literacy education in their classrooms. The following resources are recommended by Ohio Jump\$tart, a nonprofit dedicated to advancing financial literacy among kindergartners through college-aged students.

Federal Deposit Insurance Corporation

Resources: <https://www.fdic.gov/consumers/education/>

U.S. Treasury: My Money

Resource: <https://www.mymoney.gov/Pages/default.aspx>

Federal Student Aid: An Office of the U.S. Department of Education

Resource: <https://studentaid.ed.gov/sa/>

The Ohio Treasurer's Office

Resources: http://www.tos.ohio.gov/Financial_Education

Jump\$tart (K-12)

Key Resource: <http://clearinghouse.jumpstart.org/>

Council for Economic Education (K-12)

Key Resource: <http://www.econedlink.org/>

University of Cincinnati ECER \$marthPath (1-6)

Resource: <http://www.smartpath.online/>

Take Charge Today (7-12)

Resource: <https://takechargetoday.arizona.edu/>

Knowledge @ Wharton High School

Resource: <http://kwhs.wharton.upenn.edu/>

NextGen Personal Finance

Resource: <http://nextgenpersonalfinance.org/>

National Endowment for Financial Education (NEFE)

Resource: <http://nefe.org/>

Khan Academy: College Admissions

Resource: <https://www.khanacademy.org/college-admissions>

Appendix B
Sample Financial Responsibility Agreements

Ohio State University Financial Responsibility Statement and Terms and Conditions

Financial Responsibility Statement

IMPORTANT INFORMATION REGARDING ELECTRONIC SIGNATURES

I acknowledge any activity I conduct through this web site indicates my agreement to the applicable terms and conditions, including my agreement to be financially responsible to The Ohio State University for payment of all tuition, room and board fees and related costs that are added to my student account. I further promise to pay any fees, fines or penalties that are added to my student account which are related to my attendance to The Ohio State University during this period, including but not limited to parking fees or fines, health services, health insurance, late payment fees, finance charges, or other University charges.

I agree: ☐

I authorize The Ohio State University and its agents to contact me at any telephone number, wireless communication service number, or email address I have provided or will provide in the future. These contacts may be made by automated telephone dialing systems, artificial or pre-recorded voice or text messages, emails or personal calls regarding my obligation to repay any debt I owe the University. I understand failure to pay by the appropriate due date may result in the University filing an unfavorable report with credit bureaus and commencing collection activities against me, including litigation. I understand that I will be responsible for all costs of collection incurred by The Ohio State University.

I agree: ☐

I voluntarily consent to receive my IRS Form 1098-T electronically, and to participate in electronic transactions for all financial information provided or made available to student loan borrowers and for all notices and authorizations to Federal Student Aid recipients. I have read and accept the terms and conditions. I understand that I may request a paper copy of these terms and conditions.

I agree: ☐

Miami University e-Promise

ePROMISE

AGREEMENT TERMS AND CONDITIONS

PAYMENT OF FEES/PROMISE TO PAY

I understand that when I register for any class at Miami University or receive any service from Miami University I accept full responsibility to pay all tuition, fees and other associated costs assessed as a result of my registration and/or receipt of services. I further understand and agree that my registration and acceptance of these terms constitutes a promissory note agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which Miami University is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees and other associated costs by the published or assigned due date.) I promise to pay to Miami University, the Ohio Attorney General, and their respective agents \$_____. This amount will be added to any outstanding balance owed for prior educational services provided by Miami University that is currently reflected in my student account.

I understand and agree that if I drop or withdraw from some or all of the classes for which I register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at www.miamioh.edu/onestop. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand that my failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

If payment is made by check and the check is returned, I expressly authorize Miami University or its agent to electronically debit the account or generate a paper draft/substitute check against the account for the face value of the returned check and the maximum allowable state fee. The use of a check as payment is my acknowledgement and acceptance of this policy and terms.

I AGREE

COMMUNICATION, METHOD OF BILLING & BILLING ERRORS

Method of Communication: I understand and agree that Miami University uses e-mail as an official method of communication with me, and that therefore I am responsible for reading the e-mails I receive from Miami University on a timely basis.

Contact: I authorize Miami University and its agents and contractors to contact me at my current and any future cellular phone number(s), email address(es) or wireless device(s) regarding my delinquent student account(s)/loan(s), any other debt I owe to Miami University, or to receive general information from Miami University. I authorize Miami University and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call my

cellular phone by submitting my request in writing to Miami University Office of the Bursar or in writing to the applicable contractor or agent contacting me on behalf of Miami University.

Updating Contact Information: I understand and agree that I am responsible for keeping Miami University records up to date with my current physical addresses, email addresses, and phone numbers by following the procedure at <http://miamioh.edu/onestop/your-info/index.html>. The linked procedure is incorporated herein by reference. Upon leaving Miami University for any reason, it is my responsibility to provide Miami University with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to Miami University.

I understand that Miami University uses electronic billing (e-bill) as its official billing method, and therefore I am responsible for viewing and paying my student account e-bill by the scheduled due date. I further understand that failure to review my e-bill does not constitute a valid reason for not paying my bill on time. E-bill information is available at www.miamioh.edu/onestop.

I understand that administrative, clerical or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees and other associated financial obligations assessed as a result of my registration at Miami University.

I AGREE

FINANCIAL AID

I understand it is my responsibility to meet all requirements to receive and keep Financial Aid. I understand that my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I understand that my financial aid eligibility may decrease and some or all of the financial aid awarded to me may be revoked.

If some or all of my financial aid is revoked because I dropped or failed to attend class, I agree to repay all revoked aid that was disbursed to my account and resulted in a credit balance that was refunded to me.

I agree to allow financial aid I receive to pay any and all charges assessed to my account at Miami University such as tuition, fees, campus housing and meal plans, student health insurance, parking permits, service fees, fines, bookstore charges, or any other amount, in accordance with the terms of the aid.

I understand that all prizes, awards, scholarships and grants awarded to me by Miami University will be credited to my student account and applied toward any outstanding balance. I further understand that my receipt of a prize, award, scholarship or grant is considered a financial resource according to federal Title IV financial aid regulations, and may therefore reduce my eligibility for other federal and/or state financial aid which, if already disbursed to my student account, must be reversed and returned to the aid source.

If I decide to completely withdraw from Miami University, I will follow the instructions at www.miamioh.edu/onestop which I understand and agree are incorporated herein by reference.

I AGREE

DELINQUENT ACCOUNT/COLLECTION

Financial Hold: I understand and agree that if I fail to pay my student account bill or any monies due and owing Miami University by the scheduled due date, Miami University will place a financial hold on my student account, preventing me from registering for future classes, requesting transcripts, or receiving my diploma.

Late Payment Charge: I understand and agree that if I fail to pay my student account bill or any monies due and owing Miami University by the scheduled due date, Miami University will assess late payment and/or finance charges at the rate of prime rate plus 3 percent per annum or the maximum rate allowed by law on the past due portion of my student account until my past due account is paid in full.

Collection Agency Fees: I understand and accept that if I fail to pay my student account bill or any monies due and owing Miami University by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Miami University may refer my delinquent account to the Ohio Attorney General for collection. I further understand that I am responsible for paying the collection costs necessary for the collection of my delinquent account at the rate allowed by law. For purposes of collection of this debt, I consent to the jurisdiction of the courts of the State of Ohio. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

I AGREE

ENTIRE AGREEMENT

This agreement supersedes all prior understandings, representations, negotiations and correspondence between the student and Miami University, constitutes the entire agreement between the parties with respect to the matters described, and shall not be modified or affected by any course of dealing or course of performance. This agreement and all business conducted electronically on this website are governed by the law of the State of Ohio without regard to conflict of laws provisions. This agreement may be modified by Miami University if the modification is signed by me. Any modification is specifically limited to those policies and/or terms addressed in the modification.

I AGREE

Owens Community College Financial Terms and Conditions